SHAHEEN FOUNDATION COPY

UNIT COMMANDER

FOUNDATION

PAF

COMPENSATION CLAIM ON MEDICAL / DEATH GROUNDS MEDICAL WELFARE SCHEME (AIRMEN)

(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITALS)

PERSONAL PARTICULARS

SIGNATURE OF CLAIMANT

) L) (((O						
1. RANK :	2. NAME:		3. PAK/NO:	4. TRADE:			
5. DATE OF BIRTH:	6. MEMBERSHIP NO:	7. UN	IT:	8. STATUS: -			
				(I) REGULAR AIRMAN			
				(II) RE-ENROLLED AIRMAN			
9. DATE OF MWS REGISTRATION: 10. DATE OF MWS CONTRIBUTION:							
11. CELL NO:			12. E-MAIL ADD:				
13. ON MEDICAL GROUNDS. I HEREBY CONFIRM THAT: (A) MY MEDICAL CATEGORY HAS BEEN							
PERMANENTLY DOWN-GRADED FOR THE FIRST TIME SINCE BECOMING A MEMBER OF MWS (A). (B) I CONFIRM THAT I HAVE NOT RECEIVED ANY COMPENSATION BEFORE AND I AM ENTITLED TO MEDICAL							
				VAS LESS THAN 45 YEARS OF AGE ON			
				PER MEDICAL BOARD REPORT, THE			
				CATEGORY, ORIGINATED AFTER THE			
	ARTED CONTRIBUTING T		· /				
				OVE NAMED AIRMAN WAS A REGULAR			
MEMBER OF MWS (A).	(B) HE / SHE DIED ON	ADENIC/	(C) I A	M HIS / HER NOMINATED NEXT OF KIN			
				E TERMS / CONDITIONS OF MWS (A). SE BE REMITTED THROUGH "BANK			
DRAFT / CHEQUE" IN M		п Ско	INDS WAT PLEAS	BE BE REWITTED THROUGH BANK			
NAME:	RELATIONSHIP:	CELL N	0:	E-MAIL ADD:			
		1 1					
CNIC No.				SIGNATURE			
DEMARKS BY HAUT				<u> </u>			
REMARKS BY UNIT (NC ATIO	N / DEATH OLAIN	A IN DECRECT OF ADOME MENTIONED			
	THAT MEDICAL COMPE AND ALL COLUMNS HAVE			M IN RESPECT OF ABOVE MENTIONED			
AINWAN IS CONNECT A	AND ALL COLUMNS HAVE	DLLIN	JOET FILLED OF.				
	DATE.			OLONATURE WITH OTAMP			
UNIT:	DATE:			SIGNATURE WITH STAMP			
	HAHEEN FOUNDATION						
17. THE ABOVE MEI		IPENSA	IION / DEATH CL	AIM HAS BEEN VERIFIED AND FOUND			
CORRECT / INCORREC	,1.						
DATE:				SIGNATURE WITH STAMP			
	AGING DIRECTOR SHA	LLEEN	ECHNIDATION				
	AGING DIRECTOR SHA	ANCEN	FOUNDATION				
18.							
40000VED (NOT	4.000.01/50						
APPROVED / NOT				SIGNATURE WITH STAMP			
19. BANK DRAFT /	CHEQUE NO		DATE	D, AMOUNTING TO			
RS: IS ENCLOSED FOR HANDING OVER TO THE CLAIMANT.							
DATE:				SIGNATURE DIRECTOR FINANCE			
RECEIPT AND COUNTER SIGNATURE BY UNIT COMMANDER							
				NDED OVER TO THE CLAIMANT.			
				COLINTED SIGNATURE OF			

Note: - This form can be downloaded from PAF Intranet and can be sent by post to Head Office, Shaheen Foundation, duly filled in & signed by the applicant and countersigned by Unit Commander.

DATE:

SHAHEEN

PAF

FOUNDATION

COMPENSATION CLAIM ON MEDICAL / DEATH GROUNDS

MEDICAL WELFARE SCHEME (AIRMEN)

(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITALS)

PERSONAL PARTICULARS

LINGONALIANINGO								
1. RANK :	2. NAME:	(B. PAK/NO:	4. TRADE:				
5. DATE OF BIRTH:	6. MEMBERSHIP NO:	7. UN	T:	8. STATUS: -				
				(I) REGULAR AIRMAN				
				(II) RE-ENROLLED AIRMAN				
9. DATE OF MWS REGISTRATION: 10. DATE OF MWS CONTRIBUTION:								
11. CELL NO:			12. E-MAIL ADD:					
				MY MEDICAL CATEGORY HAS BEEN				
				MING A MEMBER OF MWS (A). (B) I				
COMPENSATION LINDER	: NOT RECEIVED ANY R TERMS AND CONDITI		MWS (A) (C) IV	RE AND I AM ENTITLED TO MEDICAL /AS LESS THAN 45 YEARS OF AGE ON				
				PER MEDICAL BOARD REPORT, THE				
DISEASE, RESPONSIBL	E FOR DOWN-GRADAT	TION OF	MY MEDICAL	CATEGORY, ORIGINATED AFTER THE				
EFFECTIVE DATE, I STA								
14. ON DEATH GROUNDS. I HEREBY CONFIRM THAT: - (A) THE ABOVE NAMED AIRMAN WAS A REGULAR								
MEMBER OF MWS (A).	(B) HE / SHE DIED ON	ADENICA:	(C) I A	M HIS / HER NOMINATED NEXT OF KIN ETERMS / CONDITIONS OF MWS (A).				
				E BE REMITTED THROUGH "BANK				
DRAFT / CHEQUE" IN MY		II GROO	NDS WAT I LEAS	E BE KEMITTED THROUGH BANK				
NAME:	RELATIONSHIP:	CELL N) :	E-MAIL ADD:				
CNIC No.				SIGNATURE				
REMARKS BY UNIT COMMANDER								
		NSATION	I / DEATH CLAIN	I IN RESPECT OF ABOVE MENTIONED				
AIRMAN IS CORRECT AN				THE RESIDENT OF ABOVE MENTIONED				
UNIT:	DATE:			SIGNATURE WITH STAMP				
VERIFICATION BY SH	A LIEEN EOLINDATION	I /DIDE/	TOD ADMIN U					
				AIM HAS BEEN VERIFIED AND FOUND				
CORRECT / INCORRECT		11	ION / BE/NITT OF	ANN TIME BELLY VERNITED AND TOOMS				
DATE: SIGNATURE WITH STAMP								
APPROVAL BY MANA	GING DIRECTOR SHA	AHEEN	FOUNDATION					
18.								
APPROVED / NOT A	\PPROVED			SIGNATURE WITH STAMP				
19. BANK DRAFT / CHEQUE NO DATED, AMOUNTING								
RS: IS ENCLOSED FOR HANDING OVER TO THE CLAIMANT.								
DATE:				SIGNATURE DIRECTOR FINANCE				
RECEIPT AND COUNTER SIGNATURE BY UNIT COMMANDER								
20. THE ABOVE BANK DRAFT / CHEQUE HAS BEEN RECEIVED AND HANDED OVER TO THE CLAIMANT.								
				COUNTER SIGNATURE OF				

SIGNATURE OF CLAIMANT DATE: UNIT COMMANDER

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