# SHAHEEN FOUNDATION COPY

**FOUNDATION** 

**PAF** 

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

(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITALS)

### PERSONAL PARTICULARS

1. RANK:	2. NAME AS PER TITLE	OF BANK ACCOUNT:	3. <b>PAK/NO:</b>	4. TRADE:				
5. DATE OF BIRTH:	6. MEMBERSHIP NO:	7. <b>UNIT:</b>	8. STATUS:-		$\overline{}$			
			(I) REGUL	AR AIRMAN	$\square$			
			(II) RE-ENR	OLLED AIR MAN				
9. DATE OF MWS REG		10. DATE OF MWS (	10. DATE OF MWS CONTRIBUTION:					
11. ACCOUNT NO IBAN	N:							
12. BANK NAME& CODE NO:		13. BRANCH NAME:	13. BRANCH NAME:					
14. CELL NO:		15. <b>E-MAIL ADD:</b>	15. E-MAIL ADD:					
16. 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 COMPENSATION UNDER TERMS AND CONDITIONS OF MWS (A). (C) AS PER MEDICAL BOARD REPORT, THE DISEASE, RESPONSIBLE FOR DOWN-GRADATION OF MY MEDICAL CATEGORY, ORIGINATED AFTER THE EFFECTIVE DATE, I STARTED CONTRIBUTING TO MWS (A).								
17. ON DEATH GROUNDS. I HEREBY CONFIRM THAT: - (A) THE ABOVE NAMED AIRMAN WAS A REGULAR MEMBER OF MWS (A). (B) HE / SHE DIED ON (C) I AM HIS / HER NOMINATED NEXT OF KIN (NOK) AND THEREFORE, CLAIMING DEATH COMPENSATION UNDER THE TERMS / CONDITIONS OF MWS (A).								
18. THE COMPENSATION ON MEDICAL / DEATH GROUNDS MAY PLEASE BE REMITTED THROUGH "ONLINE								
NAME:	RANSACTION / BANK DRAFT / CHEQUE" IN MY FAVOUR.  AME:   RELATIONSHIP:   CELL NO:   E-MAIL ADD:							
CNIC NO.			S	IGNATURE				
REMARKS BY UNIT COMMANDER								
	THAT MEDICAL COMPEN AND ALL COLUMNS HAVE		IN RESPECT OF	ABOVE MENTIO	NED			
UNIT:	DATE:		SIGNAT	URE WITH STAM	P			
	HAHEEN FOUNDATION FIONED MEDICAL COMPE CT.			IED AND FOUND				
DATE:			SIGNAT	URE WITH STAM	Р			
APPROVAL BY MAN	AGING DIRECTOR SHA	HEEN FOUNDATION						
21.								
APPROVED / NOT	APPROVED		SIGNAT	UREWITHSTAM				
22. BANK DRAFT / RS: IS E	CHEQUE NOENCLOSED FOR HANDING	DATED GOVER TO THE CLAIMAN	т.	, AMOUNTING	і ТО			
DATE:			SIGNATURE	DIRECTOR FINAL	NCE			
RECEIPT AND COUN	TER SIGNATURE BY U	NIT COMMANDER						

23. THE ABOVE ONLINE TRANSACTION / BANK DRAFT / CHEQUE HAS BEEN RECEIVED AND HANDED OVER TO THE CLAIMANT.

SIGNATURE OF CLAIMANT DATE: COUNTER SIGNATURE OF UNIT COMMANDER

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.

SHAHEEN FOUNDATION

**PAF** 

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

(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITALS)

### **PERSONAL PARTICULARS**

1. <b>RANK</b> :	2. NAME AS PER TITLE OF BANK ACCOUNT:		3. <b>PAK/NO:</b>	4. TRADE:			
5. DATE OF BIRTH:	6. MEMBERSHIP NO:	7.	UNIT:	8. STATUS:-			
				(I) REGUL			
				,	OLLED AIR MAN L		
9. DATE OF MWS RE			10. DATE OF MWS	CONTRIBUTION:			
11. ACCOUNT NO IBAN:							
12. BANK NAME& COL	DE NO:		13. BRANCH NAME:				
14. CELL NO:			15. E-MAIL ADD:				
16. 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 COMPENSATION UNDER TERMS AND CONDITIONS OF MWS (A). (C) AS PER MEDICAL BOARD REPORT, THE DISEASE, RESPONSIBLE FOR DOWN-GRADATION OF MY MEDICAL CATEGORY, ORIGINATED AFTER THE EFFECTIVE DATE, I STARTED CONTRIBUTING TO MWS (A).							
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18. THE COMPENSATION ON MEDICAL / DEATH GROUNDS MAY PLEASE BE REMITTED THROUGH "ONLINE							
NAME:	DRAFT / CHEQUE" IN MY RELATIONSHIP:		OUR. L NO:	E-MAIL ADD:			
			Т				
CNIC NO.				S	IGNATURE		
REMARKS BY UNIT		NIO A	TION / DEATH OF AIN	LIN DEODEOT OF	ADOVE MENTIONED		
19. IT IS CERTIFIED THAT MEDICAL COMPENSATION / DEATH CLAIM IN RESPECT OF ABOVE MENTIONED AIRMAN IS CORRECT AND ALL COLUMNS HAVE BEEN DULY FILLED UP.							
UNIT:	DATE:			SIGNATURE WITH STAMP			
VERIFICATION BY SHAHEEN FOUNDATION (DIRECTOR ADMIN H/R & WEL)							
20. THE ABOVE MENTIONED MEDICAL COMPENSATION / DEATH CLAIM HAS BEEN VERIFIED AND FOUND CORRECT / INCORRECT.							
OOKKEOT/ IIVOOKKE							
DATE:				0.0			
SIGNATURE WITH STAMP							
21.	AGING DIRECTOR SHA	чПЕ	ENFOUNDATION				
21.							
APPROVED / NOT 22. BANK DRAFT / CH	APPROVED FOUE NO.		DATED	SIGNAT	. AMOUNTING TO		
22. BANK DRAFT / CHEQUE NO DATED, AMOUNTING TO RS: IS ENCLOSED FOR HANDING OVER TO THE CLAIMANT.							
DATE:				CLONATURE	DIDECTOR FINANCE		
DATE: SIGNATURE DIRECTOR FINANCE RECEIPT AND COUNTER SIGNATURE BY UNIT COMMANDER							
23. THE ABOVE ONLINE TRANSACTION / BANK DRAFT / CHEQUE HAS BEEN RECEIVED AND HANDED OVER TO THE CLAIMANT.							
SIGNATURE OF CLAIM	ANT DATE:		COLINIT	ED SIGNATURE O			

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