



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

(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITALS)

**PERSONAL PARTICULARS**

1. RANK :	2. NAME:	3. PAK/NO:	4. BRANCH:
5. DATE OF BIRTH:	6. MEMBERSHIP NO:	7. UNIT:	8. STATUS: - (I) REGULAR OFFICER <input type="checkbox"/> (II) RE-ENROLLED OFFICER <input type="checkbox"/>
9. DATE OF MWS REGISTRATION:		10. DATE OF MWS CONTRIBUTION:	
11. CELL NO:		12. E-MAIL ADD:	
13. <b>ON MEDICAL GROUNDS.</b> I HEREBY CONFIRM THAT: (A) MY MEDICAL CATEGORY HAS BEEN PERMANENTLY DOWN-GRADED FOR THE FIRST TIME SINCE BECOMING A MEMBER OF MWS (O). (B) I CONFIRM THAT I HAVE NOT RECEIVED ANY COMPENSATION BEFORE AND I AM ENTITLED TO MEDICAL COMPENSATION UNDER TERMS AND CONDITIONS OF MWS (O). (C) I WAS LESS THAN 45 YEARS OF AGE ON THE DATE OF DOWN-GRADATION OF MEDICAL CATEGORY. (D) 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 (O).			
14. <b>ON DEATH GROUNDS.</b> I HEREBY CONFIRM THAT: - (A) THE ABOVE NAMED OFFICER WAS A REGULAR MEMBER OF MWS (O). (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 (O).			
15. THE COMPENSATION ON MEDICAL / DEATH GROUNDS MAY PLEASE BE REMITTED THROUGH "BANK DRAFT / CHEQUE" IN MY FAVOUR.			
NAME:	RELATIONSHIP:	CELL NO:	E-MAIL ADD:
CNIC NO.	<input type="text"/>		SIGNATURE

**REMARKS BY UNIT COMMANDER**

16. IT IS CERTIFIED THAT MEDICAL COMPENSATION / DEATH CLAIM IN RESPECT OF ABOVE MENTIONED OFFICER IS CORRECT AND ALL COLUMNS HAVE BEEN DULY FILLED UP.		
UNIT:	DATE:	SIGNATURE WITH STAMP

**VERIFICATION BY SHAHEEN FOUNDATION (DIRECTOR ADMIN H/R & WEL)**

17. THE ABOVE MENTIONED MEDICAL COMPENSATION / DEATH CLAIM HAS BEEN VERIFIED AND FOUND CORRECT / INCORRECT.	
DATE:	SIGNATURE WITH STAMP

**APPROVAL BY MANAGING DIRECTOR SHAHEEN FOUNDATION**

18.	
APPROVED / NOT APPROVED	SIGNATURE WITH STAMP
19. BANK DRAFT / CHEQUE NO. _____ DATED _____, AMOUNTING TO 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.		
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 COPY



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CNIC NO. <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<b>SIGNATURE</b>		

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**APPROVED / NOT APPROVED** **SIGNATURE WITH STAMP**

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20. THE ABOVE BANK DRAFT / CHEQUE HAS BEEN RECEIVED AND HANDED OVER TO THE CLAIMANT.

**COUNTER SIGNATURE OF UNIT COMMANDER**

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE: \_\_\_\_\_

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**INDIVIDUAL'S COPY**