

**REFUND OF CONTRIBUTION
MEDICAL WELFARE SCHEME (OFFICERS)
(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)**

PERSONAL PARTICULARS

1. RANK:		2. NAME:		3. PAK/NO:	
4. BRANCH:	5. UNIT:	6. MEMBERSHIP NO:	7. STATUS: - (I) REGULAR OFFICER <input type="checkbox"/> (II) RE-ENROLLED OFFICER <input type="checkbox"/>		
8. CELL NO:		9. E-MAIL ADD:			
10. PRESENT ADDRESS:			11. PERMANENT ADDRESS:		
12. REFUND OF CONTRIBUTIONS. I HAVE BEEN A REGULAR MEMBER OF MWS (O) SINCE _____ AND HAVE UNINTERRUPTEDLY CONTRIBUTED TOWARDS THE SCHEME FOR A PERIOD OF FIVE (05) YEARS AFTER DOWN-GRADATION OF MY MEDICAL CATEGORY OR OTHERWISE. I AM NOW LEAVING THE SERVICE AND WILL BE STRUCK OFF STRENGTH (SOS) ON _____. IN ACCORDANCE WITH THE PROVISIONS OF AFO 176-30, I HAVE BECOME ENTITLED TO REFUND OF MY CONTRIBUTION. I THEREFORE, REQUEST THAT THE AMOUNT OF REFUND BE REMITTED THROUGH BANK DRAFT / CHEQUE NO IN MY FAVOR.					
13. SIGNATURE:			14. DATE:		

REMARKS BY UNIT COMMANDER

15. IT IS CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT AS PER UNIT RECORD. THE OFFICER HAS AVAILED LPR. HIS STRUCK OFF STRENGTH (SOS) DATE IS _____ AS PER UNIT POR NO _____, DATED _____ (COPY ATTACHED). THE CASE IS THEREFORE FORWARDED FOR REFUND OF CONTRIBUTION.			
NAME AND RANK:		DATE:	SIGNATURE WITH STAMP
UNIT:			

FOR ACTION BY SHAHEEN FOUNDATION HEAD OFFICE

16. UNDER THE PROVISIONS OF AFO 176-30 , THE REFUND OF CONTRIBUTION IS APPLICABLE / NOT APPLICABLE (WITH REASONS OVERLEAF). THE REFUND IS DUE FROM _____ TO _____.			
17. BANK DRAFT / CHEQUE NO _____ DATED _____ AS REQUESTED AT PARA 12 ABOVE FOR Rs _____ IS ENCLOSED FOR HANDING OVER TO THE APPLICANT / REASONS FOR NON APPLICABILITY OF THE REFUND ARE STATED OVERLEAF FOR INFORMATION OF THE APPLICANT, FOR NECESSARY ACTION BY THE UNIT COMMANDER AND COMPLETION OF PARA 18.			
NAME AND RANK:		DATE:	SIGNATURE WITH STAMP
DESIGNATION:			

RECEIPT AND COUNTER SIGNATURE

18. THE ABOVEMENTIONED BANK DRAFT / CHEQUE HAS BEEN RECEIVED BY ME AND HANDED OVER TO THE APPLICANT.	
SIGNATURE OF APPLICANT:	COUNTER SIGNATURE OF UNIT COMMANDER:
DATE:	DATE:

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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INDIVIDUAL'S COPY