MWS (O) FORM O-2
(REVISED, SEPTEMBER, 2022)

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 AS PER TITLE OF BANK ACCOUNT:**	3. **PAK/NO:**	4. **BRANCH:**
5. **DATE OF BIRTH:**	6. **MEMBERSHIP NO:**	7. **UNIT:**	8. **STATUS: -** (I) REGULAR OFFICER ☐ (II) RE-ENROLLED OFFICER ☐
9. **DATE OF MWS REGISTRATION:**		10. **DATE OF MWS CONTRIBUTION:**	
11. **ACCOUNT NO IBAN:**			
12. **BANK NAME& CODE 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 (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) 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).

17. **ON DEATH GROUNDS.** 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).

18. THE COMPENSATION ON MEDICAL / DEATH GROUNDS MAY PLEASE BE REMITTED THROUGH "ONLINE TRANSACTION / BANK DRAFT / CHEQUE" IN MY FAVOUR.

NAME:	**RELATIONSHIP:**	**CELL NO:**	**E-MAIL ADD:**

CNIC NO. | | | | | | | | | | | | | | | |

SIGNATURE

REMARKS BY UNIT COMMANDER

19. 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)

20. THE ABOVE MENTIONED MEDICAL COMPENSATION / DEATH CLAIM HAS BEEN VERIFIED AND FOUND CORRECT / INCORRECT.

DATE: **SIGNATURE WITH STAMP**

APPROVAL BY MANAGING DIRECTOR SHAHEEN FOUNDATION

21.

APPROVED / NOT APPROVED **SIGNATURE WITH STAMP**

22. 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

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 COPY

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INDIVIDUAL'S COPY