1. RANK:

# SHAHEEN FOUNDATION COPY

# MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ **SECONDMENT ETC. AND ON REPATRIATION**



3. **PAK/NO:** 

MEDICAL WELFARE SCHEME (AIRMEN) (RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

# PERSONAL PARTICULARS AND MODE OF PAYMENT 2. **NAME**:

4. TRADE:	5. <b>UN</b>	IIT:	6. <b>M</b> E	MBERSHIP NO	(i)	TATUS: - ) REGULAR AIRMAN i) RE-ENROLLED AIRMAN		
8. CELL NO:			9. <b>E-MAIL AD</b>	DD:				
10. WHILE PROCEEDING ON DEPUTATION / SECONDMENT ETC. I AM PROCEEDING ON DEPUTATION / POSTING / COURSE ABROAD TO (COUNTRY) I HAVE BEEN SECONDED TO (DEPARTMENT) WEF: FOR (DURATION) MY MONTHLY CONTRIBUTION TOWARDS MWS (A) DEDUCTED THROUGH MY SALARY SHOULD BE STOPPED FROM UNDER CLAUSE NO 5 OF THE TERMS AND CONDITIONS FOR MWS (A), I AM ENCLOSING BANK DRAFT NO DATED, AMOUNTING TO RS IN FAVOUR OF "MEDICAL WELFARE SCHEME (AIRMEN) SHAHEEN FOUNDATION PAF" AS MY CONTRIBUTION AT THE RATE OF RS. 24/- PER MONTH FOR A PERIOD OF (MONTHS). I WILL CONTINUE TO REMIT MY CONTRIBUTION IN ADVANCE FOR THE REMAINING PERIOD, IF ANY, TILL MY REPATRIATION TO THE PAF, AS MY								
BE CONTACTED, IN		OF ANY QUERY, REG	SARDING	MY MWS (A)				
NAME:		RELATIONSHIP:	CELL N	O:		PTCL NO:		
PRESENT ADDRESS	PRESENT ADDRESS:  SIGNATURE							
12. ON REPATRIATION TO THE PAF. I HAVE BEEN REPATRIATED TO PAF AFTER MY DEPUTATION / SECONDMENT / COURSE WITH EFFECT FROM I HAVE ALREADY REMITTED MY ADVANCE CONTRIBUTION TOWARDS MWS (A) TILL NOW MY MONTHLY CONTRIBUTION MAY BE DEDUCTED THROUGH MY SALARY AT THE PRESCRIBED RATE, STARTING FROM THE FOLLOWING MONTH, UNDER CLAUSE NO 5 OF THE TERMS AND CONDITIONS OF MWS (A).								
SIGNATURE						DATE:		
COUNTER SIGN	ATUR	E BY UNIT COMM	IANDE	<u>R</u>				
13. FORWARDED FOR NECESSARY ACTION. REMARKS OVERLEAF, IF ANY.								
NAME AND RANK: UNIT:			DAT	E:	SIGNATURE WITH STAMP			
ACTION BY SHAHEEN FOUNDATION HEAD OFFICE								
14. THE BANK DRAFT MENTIONED AT PARA 2 ABOVE HAS BEEN RECEIVED AND ACTION HAS BEEN TAKEN TO STOP / START COLLECTION OF THE MEMBER'S CONTRIBUTION THROUGH HIS SALARY [REFER TO CLAUSE NO 5 OF THE TERMS AND CONDITIONS FOR MWS (A)]. ADDITIONAL REMARKS OVERLEAF, IF ANY.								
NAME AND RANK:			DAT	E:	SIGNATU	JRE WITH STAMP		
DESIGNATION:								
Mata. This farms		damed and address D	A [ ]	not and are	ما ندم مما	w neet to Head Office Shahaan		

**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.

# MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ SECONDMENT ETC. AND ON REPATRIATION

SHAHEEN FOUNDATION PAF

MEDICAL WELFARE SCHEME (AIRMEN)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

### PERSONAL PARTICULARS AND MODE OF PAYMENT

1. <b>RANK:</b>		2. NAME:					3. <b>PAK/NO</b> :
4. TRADE:	5. <b>U</b> l	NIT:	6. <b>M</b>	EMBERSHIP NO	<b>)</b> : 7		
						. ,	REGULAR AIRMAN
8. CELL NO:				0 5 5 5 5 5		(,	112 2111(02225 711(11))11
				9. E-MAIL AD			
10. WHILE PROC	10. WHILE PROCEEDING ON DEPUTATION / SECONDMENT ETC. I AM PROCEEDING ON DEPUTATION / POSTING / COURSE ARROAD TO (COUNTRY)						
(DEPARTMENT)	POSTING / COURSE ABROAD TO (COUNTRY) I HAVE BEEN SECONDED TO (DEPARTMENT) FOR (DURATION) MY						
							ALARY SHOULD BE STOPPED IDITIONS FOR MWS (A), I AM
ENCLOSING BANK I	DRAFT	NO		DATE	D		, AMOUNTING TO Rs.
							HAHEEN FOUNDATION PAF" AS (MONTHS). I WILL
CONTINUE TO REI	M TIN	Y CONTRIBUTION IN	AD VA	NCE FOR THE	REN	/AININ	NG PERIOD, IF ANY, TILL MY
			LUED	EDV DECLARE	MD /	MDC	, AS MY
CONTACT REFEREN	NCE IN	<u>PAKISTAN.</u> PAKISTAN DURING N	I HER	PUTATION / POS	IVIR / STING	/ COI	URSE ABOARD. HE / SHE MAY
	CASE	OF ANY QUERY, REG		` '	CONTI	RIBUT	
NAME:		RELATIONSHIP:	CELL	NO:			PTCL NO:
PRESENT ADDRESS	<b>3</b> :						
							SIGNATURE
12. ON REPATRI	ATION	TO THE PAF. I H.	AVE B	EEN REPATRIA	TED	TO P	AF AFTER MY DEPUTATION /
SECONDMENT / CO	OURSE	WITH EFFECT FRO	M			ΙH	AVE ALREADY REMITTED MY MY MONTHLY CONTRIBUTION
MAY BE DEDUCTED	OTHR	I TOWARDS MWS (A) DUGH MY SALARY A	THE	PRESCRIBED F	 RATE,	NOW	MY MONTHLY CONTRIBUTION   RTING FROM THE FOLLOWING
MAY BE DEDUCTED THROUGH MY SALARY AT THE PRESCRIBED RATE, STARTING FROM THE FOLLOWING MONTH, UNDER CLAUSE NO 5 OF THE TERMS AND CONDITIONS OF MWS (A).							
SIGNATURE:							DATE:
COUNTER SIGN	ΔTUR	F BY UNIT COMM	ΔΝΟΙ	=R			
COUNTER SIGNATURE BY UNIT COMMANDER  13. FORWARDED FOR NECESSARY ACTION. REMARKS OVERLEAF, IF ANY.							
				<u>'</u>	SIGNATURE WITH STAMP		
NAME AND RANK:			DA	TE:	SIGN	AIUR	REWITHSTAMP
UNIT:							
ACTION BY SHAHEEN FOUNDATION HEAD OFFICE							
14. THE BANK DRAFT MENTIONED AT PARA 2 ABOVE HAS BEEN RECEIVED AND ACTION HAS BEEN TAKEN TO							
STOP / START COLLECTION OF THE MEMBER'S CONTRIBUTION THROUGH HIS SALARY [REFER TO CLAUSE NO 5 OF THE TERMS AND CONDITIONS FOR MWS (A)]. ADDITIONAL REMARKS OVERLEAF, IF ANY.							
NAME AND RANK:			DA	TE:	SIGNATURE WITH STAMP		
DESIGNATION:							

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1. RANK:

# MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ **SECONDMENT ETC. AND ON REPATRIATION**



3. **PAK/NO**:

MEDICAL WELFARE SCHEME (AIRMEN)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

# PERSONAL PARTICULARS AND MODE OF PAYMENT 2. **NAME**:

4. TRADE:	5. <b>UN</b>	NIT:	6. MEMBERSHIP N	O: 7. STATUS:- (i) REGULAR AIRMAN			
				(ii) RE-ENROLLED AIR MAN			
8. CELL NO:			9. <b>E-MAIL AI</b>	DD:			
10. WHILE PROCEEDING ON DEPUTATION / SECONDMENT ETC. I AM PROCEEDING ON DEPUTATION / POSTING / COURSE ABROAD TO (COUNTRY) I HAVE BEEN SECONDED TO (DEPARTMENT) WEF: FOR (DURATION) MY MONTHLY CONTRIBUTION TOWARDS MWS (A) DEDUCTED THROUGH MY SALARY SHOULD BE STOPPED FROM UNDER CLAUSE NO 5 OF THE TERMS AND CONDITIONS FOR MWS (A), I AM ENCLOSING BANK DRAFT NO DATED, AMOUNTING TO RS IN FAVOUR OF "MEDICAL WELFARE SCHEME (AIRMEN) SHAHEEN FOUNDATION PAF" AS MY CONTRIBUTION AT THE RATE OF Rs. 24/- PER MONTH FOR A PERIOD OF (MONTHS). I WILL CONTINUE TO REMIT MY CONTRIBUTION IN ADVANCE FOR THE REMAINING PERIOD, IF ANY, TILL MY REPATRIATION TO THE PAF.  11. CONTACT REFERENCE IN PAKISTAN. I HEREBY DECLARE MR / MRS, AS MY CONTACT REFERENCE IN PAKISTAN DURING MY DEPUTATION / POSTING / COURSE ABOARD. HE / SHE MAY							
	CASE		SARDING MY MWS (A)				
NAME:		RELATIONSHIP:	CELL NO:	PTCL NO:			
PRESENT ADDRESS: SIGNATURE							
12. ON REPATRIATION TO THE PAF. I HAVE BEEN REPATRIATED TO PAF AFTER MY DEPUTATION / SECONDMENT / COURSE WITH EFFECT FROM I HAVE ALREADY REMITTED MY ADVANCE CONTRIBUTION TOWARDS MWS (A) TILL NOW MY MONTHLY CONTRIBUTION MAY BE DEDUCTED THROUGH MY SALARY AT THE PRESCRIBED RATE, STARTING FROM THE FOLLOWING MONTH, UNDER CLAUSE NO 5 OF THE TERMS AND CONDITIONS OF MWS (A).							
SIGNATURE:				DATE:			
COUNTER SIGNATURE BY UNIT COMMANDER							
13. FORWARDED FOR NECESSARY ACTION. REMARKS OVERLEAF, IF ANY.							
NAME AND RANK:			DATE:	SIGNATURE WITH STAMP			
UNIT:							
ACTION BY SHAHEEN FOUNDATION HEAD OFFICE							
14. THE BANK DRAFT MENTIONED AT PARA 2 ABOVE HAS BEEN RECEIVED AND ACTION HAS BEEN TAKEN TO STOP / START COLLECTION OF THE MEMBER'S CONTRIBUTION THROUGH HIS SALARY [REFER TO CLAUSE NO 5 OF THE TERMS AND CONDITIONS FOR MWS (A)]. ADDITIONAL REMARKS OVERLEAF, IF ANY.							
NAME AND RANK:			DATE:	SIGNATURE WITH STAMP			
DESIGNATION:							

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SHAHEEN FOUNDATION PAF

MEDICAL WELFARE SCHEME (AIRMEN)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

### PERSONAL PARTICULARS AND MODE OF PAYMENT

1. RANK:		2. <b>NAME:</b>				3. <b>PAK/NO</b> :
4. TRADE:	5. <b>U</b> l	NIT:	6. <b>M</b>	IEMBERSHIP NO	): 7.	STATUS:-
						(i) REGULAR AIRMAN
						(ii) RE-ENROLLED AIRMAN
8. CELL NO:				9. <b>E-MAIL AD</b>	D:	
10. WHILE PRO	CEEDIN	IG ON DEPUTATION	/ SEC	ONDMENT ETC	<u>.</u> I AM	PROCEEDING ON DEPUTATION /
POSTING / COURS	E ABR	DAD TO (COUNTRY)	WFF	<u> </u>	FOR	I HAVE BEEN SECONDED TO (DURATION) MY
MONTHLY CONTRI	BUTION	N TOWARDS MWS (A	A) DEC	DUCTED THROU	IGH MY	/ SALARY SHOULD BE STOPPED
						CONDITIONS FOR MWS (A), I AM, AMOUNTING TO Rs.
						) SHAHEEN FOUNDATION PAF" AS
						(MONTHS). I WILL
REPATRIATION TO			AD V	ANCE FOR THE	REMA	INING PERIOD, IF ANY, TILL MY
		ICE IN PAKISTAN.	I HER	PERY DECLARE	MR / M	MRS, AS MY
CONTACT REFEREI	NCE IN	PAKISTAN DURING N	/IY DEI	PUTATION / POS	TING /	COURSE ABOARD. HE / SHE MAY
1	CASE	OF ANY QUERY, REG		` ,	ONTRI	
NAME:		RELATIONSHIP:	CELL	NO:		PTCL NO:
PRESENT ADDRESS	S:					
						CIONATURE
40 ON DEDATE	IATION	TO THE DAE III	۸\/C D	TEN DEDATOLA	TED TO	SIGNATURE  O PAF AFTER MY DEPUTATION /
SECONDMENT / C	OURSE	WITH EFFECT FRO	M			I HAVE ALREADY REMITTED MY
ADVANCE CONTRIB	BUTION	TOWARDS MWS (A)	TILL		N	OW MY MONTHLY CONTRIBUTION
		OUGH MY SALARY A NO 5 OF THE TERMS A				TARTING FROM THE FOLLOWING
						,-
SIGNATURE:						DATE:
COUNTER SIGNATURE BY UNIT COMMANDER						
13. FORWARDED FOR NECESSARY ACTION. REMARKS OVERLEAF, IF ANY.						
NAME AND RANK:				DATE: SIGNATURE WITH STAMP		
UNIT:						
ACTION BY SHAHEEN FOUNDATION HEAD OFFICE						
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5 OF THE TERMS AND CONDITIONS FOR MWS (A)]. ADDITIONAL REMARKS OVERLEAF, IF ANY.						
NAME AND RANK:			DA	TE:	SIGNAT	TURE WITH STAMP
DESIGNATION:						

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