

**COMPENSATION CLAIM : MEDICAL GROUNDS/DEATH
MEDICAL WELFARE SCHEME (OFFICERS)**
(Raise in Two Copies and Complete in Block Capitals)

PERSONAL PARTICULARS

1. Rank	Name	Pak No.	Branch
Date of Birth		Membership No. O-	Unit
*2. MEDICAL GROUNDS. My medical category has been permanently down-graded for the first time since becoming a member of the MWS (O). I confirm that I have not received any compensation before and am entitled to medical compensation under terms and conditions of MWS (O)			
*3. DEATH. I believe the above named has been a regular member of the MWS(O). He died on (date _____) I am his nominated beneficiary. I am therefore claiming death compensation under the Terms and Conditions of MWS(O)			
4. The compensation on Medical Grounds/Death Please be remitted through "Bank Draft" in my favour drawn on (Bankers/Branch/Address):			
Name		Relationship	
CNIC NO.	<input type="text"/>		Signature

CONFIRMATION BY UNIT COMMANDER

5. The above claim is correct and a Photo-Copy of the Medical Board Report/Death Certificate is attached.		
Unit	Date	Signature With Stamp

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

6. The above claim has been verified as correct/incorrect	
Date	Signature With Stamp

APPROVAL BY MANAGING DIRECTOR SHAHEEN FOUNDATION

7.	
Approved/Not Approved	Signature With Stamp
8. Bank Draft No. _____ Dated _____ as required at Para 4 above enclosed for handing over to the claimant.	
Date	Signature Director Finance

RECEIPT AND COUNTER SIGNATURE BY UNIT COMMANDER

9. The above bank draft has been received by me.		
Signature of Claimant	Date	Counter Signature of Unit Commander

*Strike out whichever is not applicable

Note: One copy be returned to Shaheen Foundation PAF.

SHAHEEN FOUNDATION COPY

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INDIVIDUAL'S COPY