

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

PERSONAL PARTICULARS AND NOTICE FOR TERMINATION / REFUND

1. RANK	NAME	PAK NO.
BRANCH	UNIT	MEMBERSHIP NO.
*2. REFUND OF CONTRIBUTIONS, I HAVE BEEN A REGULAR MEMBER OF THE MWS (O) SINCE FIRST OF (MONTH/YEAR)----- . I AM NOW LEAVING THE SERVICE / HAVE TERMINATED MY MEMBERSHIP WITH EFFECT FROM (DATE/MONTH/YEAR)----- . UNDER CLAUSE EIGHT OF THE TERMS AND CONDITIONS FOR MWS (O). I HAVE BECOME ENTITLED TO REFUND OF MY CONTRIBUTIONS FOR----- YEARS AND ----- MONTHS. I REQUEST THAT THE AMOUNT OF REFUND BE REMITTED THROUGH "BANK DRAFT" IN MY FAVOR DRAWN ON (BANKERS/ BRANCH/ADDRESS).-----		
3. SIGNATURE		DATE

REMARKS BY UNIT COMMANDER

4. FORWARDED FOR REFUND OF CONTRIBUTIONS. THE PERIOD FOR REFUND OF CONTRIBUTIONS IS CORRECT / INCORRECT (WITH REASONS OVERLEAF).		
5. NAME AND RANK	DATE	SIGNATURE WITH STAMP
UNIT		

FOR ACTION BY SHAHEEN FOUNDATION HEAD OFFICE

*6. THE REQUEST FOR REFUND OF CONTRIBUTION IS NOTED AND ACTIONED.		
*7. UNDER CLAUSE "EIGHT" OF THE TERMS AND CONDITIONS FOR MWS (O), THE REFUND OF CONTRIBUTIONS IS APPLICABLE/NOT APPLICABLE (WITH REASONS OVERLEAF). THE REFUND IS DUE FROM (MONTH/YEAR)----- TO (MONTH/YEAR)----- AT THE RATE OF RS. 100/- PM (DETAILS OVERLEAF).		
*8. BANK DRAFT NO _____ DATED _____ AS REQUESTED AT PARA 2 ABOVE FOR RS _____ IS ENCLOSED FOR HANDING OVER TO THE APPLICANT.		
9. NAME AND RANK	DATE	SIGNATURE WITH STAMP
DESIGNATION		

RECEIPT AND COUNTER SIGNATURE

10. THE ABOVE BANK DRAFT HAS BEEN RECEIVED BY ME AND I HAVE SINGED AS AN APPLICANT BELOW	
11. SIGNATURE OF APPLICANT	13. COUNTER SIGNATURE OF UNIT COMMANDER
DATE	DATE

* Strike out whichever is not applicable

SHAHEEN FOUNDATION COPY

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INDIVIDUAL'S COPY

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UNIT DOCUMENTS COPY