

Deputy Director Welfare  
Shaheen Foundation, PAF  
P.O. Box 2225  
Islamabad

**CONFIRMATION OF AVAILABILITY**

1. I hereby, confirm my availability for the year-----.
2. **Change**, if any, please mention below: -

(a) **Permanent/Present address**-----  
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**Telephone No. (Essential )** -----

(b) **Educational/Professional courses after retirement** (attach photocopies). -  
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Signature

Name: \_\_\_\_\_

Rank: \_\_\_\_\_

Pak/No: \_\_\_\_\_

Trade: \_\_\_\_\_

Date: \_\_\_\_\_

**Registration No:** -----

**Note:** - Please keep enough photocopies of this proforma for your further use.