



**COMPENSATION CLAIM ON MEDICAL / DEATH GROUNDS  
MEDICAL WELFARE SCHEME (ARMEN)**

(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. TRADE :																				
5. DATE OF BIRTH :	6. MEMBERSHIP NO :	7. UNIT :	8. STATUS:- (I) REGULAR AIRMAN <input type="checkbox"/> (II) RE-ENROLLED AIRMAN <input type="checkbox"/>																				
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. <b>ON MEDICAL GROUNDS.</b> I HEREBY CONFIRM THAT: (A) MY MEDICAL CATEGORY HAS BEEN PERMANENTLY DOWN-GRADED FOR THE FIRST TIME SINCE BECOMING A MEMBER OF MWS (A). (B) I CONFIRM THAT I HAVE NOT RECEIVED ANY COMPENSATION BEFORE AND I AM ENTITLED TO MEDICAL COMPENSATION UNDER TERMS AND CONDITIONS OF MWS (A). (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 (A).																							
17. <b>ON DEATH GROUNDS.</b> I HEREBY CONFIRM THAT: - (A) THE ABOVE NAMED AIRMAN WAS A REGULAR MEMBER OF MWS (A). (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 (A).																							
18. THE COMPENSATION ON MEDICAL / DEATH GROUNDS MAY PLEASE BE REMITTED THROUGH "ONLINE TRANSACTION / BANK DRAFT / CHEQUE" IN MY FAVOUR.																							
NAME :		RELATIONSHIP :	E-MAIL ADD :																				
CELL NO :		E-MAIL ADD :																					
CNIC NO. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																							SIGNATURE

**REMARKS BY UNIT COMMANDER**

19. IT IS CERTIFIED THAT MEDICAL COMPENSATION / DEATH CLAIM IN RESPECT OF ABOVE MENTIONED AIRMAN 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**