



**MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/
SECONDMENT ETC. AND ON REPATRIATION**
MEDICAL WELFARE SCHEME (AIRMEN)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

PERSONAL PARTICULARS AND MODE OF PAYMENT

1. RANK:		2. NAME:		3. PAK/NO:	
4. TRADE:	5. UNIT:	6. MEMBERSHIP NO:	7. STATUS:- (i) REGULAR AIRMAN <input type="checkbox"/> (ii) RE-ENROLLED AIRMAN <input type="checkbox"/>		
8. CELL NO:			9. E-MAIL ADD:		
10. <u>WHILE PROCEEDING ON DEPUTATION / SECONDMENT ETC.</u> 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. <u>CONTACT REFERENCE IN PAKISTAN.</u> I HEREBY DECLARE MR / MRS _____, AS MY CONTACT REFERENCE IN PAKISTAN DURING MY DEPUTATION / POSTING / COURSE ABOARD. HE / SHE MAY BE CONTACTED, IN CASE OF ANY QUERY, REGARDING MY MWS (A) CONTRIBUTION.					
NAME:		RELATIONSHIP:	CELL NO:	PTCL NO:	
PRESENT ADDRESS:				SIGNATURE	
12. <u>ON REPATRIATION TO THE PAF.</u> 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:
UNIT:		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:		DATE:
DESIGNATION:		SIGNATURE WITH STAMP

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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MEDICAL WELFARE SCHEME (AIRMEN)
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PAF CAO COPY



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INDIVIDUAL'S COPY



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