



**REFUND OF CONTRIBUTION  
MEDICAL WELFARE SCHEME (AIRMEN)  
(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)**

**PERSONAL PARTICULARS**

1. RANK:		2. NAME AS PER TITLE OF BANK ACCOUNT :		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. CNIC :		9. ACCOUNT NO (IBAN):			
10. BANK NAME & CODE NO:			11. BRANCH NAME:		
12. CELL NO:			13. E-MAIL:		
14. PRESENT ADDRESS:			15. PERMANENT ADDRESS:		
16. <b>REFUND OF CONTRIBUTIONS.</b> I HAVE BEEN A REGULAR MEMBER OF MWS (A) SINCE _____ AND HAVE UNINTERRUPTEDLY CONTRIBUTED TOWARDS THE SCHEME FOR A PERIOD OF FIVE (05) YEARS AFTER DOWN-GRADATION OF MY MEDICAL CATEGORY OR OTHERWISE. I AM NOW LEAVING THE SERVICE AND WILL BE STRUCK OFF STRENGTH (SOS) 'COPY OF POR' ON _____. IN ACCORDANCE WITH THE PROVISIONS OF AFO 176-30, I HAVE BECOME ENTITLED TO REFUND OF MY CONTRIBUTION. I THEREFORE, REQUEST THAT THE AMOUNT OF REFUND BE REMITTED THROUGH ONLINE TRANSACTION / BANK DRAFT / CHEQUE IN MY FAVOR.					
17. DATE:			18. SIGNATURE:		

**REMARKS BY UNIT COMMANDER**

19. IT IS CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT AS PER UNIT RECORD. THE AIRMAN HAS AVAILED LPR. HIS STRUCK OFF STRENGTH (SOS) DATE IS \_\_\_\_\_ AS PER UNIT POR NO \_\_\_\_\_, DATED \_\_\_\_\_ (COPY ATTACHED). THE CASE IS THEREFORE FORWARDED FOR REFUND OF CONTRIBUTION.

NAME AND RANK:	
UNIT:	
DATE:	SIGNATURE WITH STAMP

**FOR ACTION BY SHAHEEN FOUNDATION HEAD OFFICE**

20. UNDER THE PROVISIONS OF **AFO 176-30**, THE REFUND OF CONTRIBUTION IS APPLICABLE / NOT APPLICABLE (WITH REASONS OVERLEAF). THE REFUND IS DUE FROM \_\_\_\_\_ TO \_\_\_\_\_.

21. BANK DRAFT / CHEQUE NO \_\_\_\_\_ DATED \_\_\_\_\_ AS REQUESTED AT PARA 16 ABOVE FOR Rs \_\_\_\_\_ IS ENCLOSED FOR HANDING OVER TO THE APPLICANT / REASONS FOR NON APPLICABILITY OF THE REFUND ARE STATED OVERLEAF FOR INFORMATION OF THE APPLICANT, FOR NECESSARY ACTION BY THE UNIT COMMANDER AND COMPLETION OF PARA 22.

NAME AND RANK:	
DESIGNATION:	
DATE:	SIGNATURE WITH STAMP

**RECEIPT AND COUNTER SIGNATURE**

22. THE ABOVE MENTIONED ONLINE TRANSACTION / BANK DRAFT / CHEQUE HAS BEEN RECEIVED BY ME AND HANDED OVER TO THE APPLICANT.

DATE:	SIGNATURE OF APPLICANT	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**



**REFUND OF CONTRIBUTION  
MEDICAL WELFARE SCHEME (AIRMEN)  
(RAISE IN TWO COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)**

**PERSONAL PARTICULARS**

1. RANK:		2. NAME AS PER TITLE OF BANK ACCOUNT :		3. PAK/NO:	
4. TRADE:	5. UNIT:	6. MEMBERSHIP NO:	7. STATUS:- (I) REGULAR AIRMAN <input type="checkbox"/> (II) RE-ENROLLED AIR MAN <input type="checkbox"/>		
8. CNIC :		9. ACCOUNT NO (IBAN):			
10. BANK NAME & CODE NO:			11. BRANCH NAME:		
12. CELL NO:		13. E-MAIL ADD:			
14. PRESENT ADDRESS:			15. PERMANENT ADDRESS:		
16. <b>REFUND OF CONTRIBUTIONS.</b> I HAVE BEEN A REGULAR MEMBER OF MWS (A) SINCE _____ AND HAVE UNINTERRUPTEDLY CONTRIBUTED TOWARDS THE SCHEME FOR A PERIOD OF FIVE (05) YEARS AFTER DOWN-GRADATION OF MY MEDICAL CATEGORY OR OTHERWISE. I AM NOW LEAVING THE SERVICE AND WILL BE STRUCK OFF STRENGTH (SOS) 'COPY OF POR' ON _____. IN ACCORDANCE WITH THE PROVISIONS OF AFO 176-30, I HAVE BECOME ENTITLED TO REFUND OF MY CONTRIBUTION. I THEREFORE, REQUEST THAT THE AMOUNT OF REFUND BE REMITTED THROUGH ONLINE TRANSACTION / BANK DRAFT / CHEQUE IN MY FAVOR.					
17. DATE:			18. SIGNATURE :		

**REMARKS BY UNIT COMMANDER**

19. IT IS CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT AS PER UNIT RECORD. THE AIRMAN HAS AVAILED LPR. HIS STRUCK OFF STRENGTH (SOS) DATE IS _____ AS PER UNIT POR NO _____, DATED _____ (COPY ATTACHED). THE CASE IS THEREFORE FORWARDED FOR REFUND OF CONTRIBUTION.	
NAME AND RANK:	DATE: SIGNATURE WITH STAMP
UNIT:	

**FOR ACTION BY SHAHEEN FOUNDATION HEAD OFFICE**

20. UNDER THE PROVISIONS OF <b>AFO 176-30</b> , THE REFUND OF CONTRIBUTION IS APPLICABLE / NOT APPLICABLE (WITH REASONS OVERLEAF). THE REFUND IS DUE FROM _____ TO _____.	
21. BANK DRAFT / CHEQUE NO _____ DATED _____ AS REQUESTED AT PARA 16 ABOVE FOR Rs _____ IS ENCLOSED FOR HANDING OVER TO THE APPLICANT / REASONS FOR NON APPLICABILITY OF THE REFUND ARE STATED OVERLEAF FOR INFORMATION OF THE APPLICANT, FOR NECESSARY ACTION BY THE UNIT COMMANDER AND COMPLETION OF PARA 22.	
NAME AND RANK:	DATE: SIGNATURE WITH STAMP
DESIGNATION:	

**RECEIPT AND COUNTER SIGNATURE**

22. THE ABOVE MENTIONED ONLINE TRANSACTION / BANK DRAFT / CHEQUE HAS BEEN RECEIVED BY ME AND HANDED OVER TO THE APPLICANT.	
DATE: SIGNATURE OF APPLICANT	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.

**INDIVIDUAL'S COPY**