MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ SECONDMENT ETC. AND ON REPATRIATION



MEDICAL WELFARE SCHEME (OFFICERS)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

PERSONAL PARTICULARS AND MODE OF PAYMENT

I. KANK.	Z. INAIVIE.		S. PAR/NO.
4. BRANCH:	5. UNIT:	6. MEMBERSHIP NO	D: 7. STATUS:-
			(i) REGULAR OFFICER
			(ii) RE-ENROLLED OFFICER
8. CELL NO:		9. E-MAIL AD	DD:
10. WHILE PROC	CEEDING ON DEPUTATION	/ SECONDMENT ETC	. I AM PROCEEDING ON DEPUTATION /
POSTING / COURS	E ABROAD TO (COUNTRY)	\\/\C\	I HAVE BEEN SECONDED TOFOR (DURATION) MY
MONTHLY CONTRIE	BUTION TOWARDS MWS (vver. O) DEDUCTED THROU	JGH MY SALARY SHOULD BE STOPPED
FROM	UNDER CLAUSE N	O 11 OF THE TERMS	S AND CONDITIONS FOR MWS (O), I AM
ENCLOSING BANK I	DRAFT NO	DATE	ED, AMOUNTING TO Rs.
AS MY CONTRIBUTI	_ IN FAVOUR OF "MEDICAL ION AT THE RATE OF Rs. 10	. WELFARE SCHEME (20/- PER MONTH FOR A	OFFICERS) SHAHEEN FOUNDATION PAF" A PERIOD OF (MONTHS). I
WILL CONTINUE TO	REMIT MY CONTRIBUTION	N IN ADVANCE FOR T	HE REMAINING PERIOD, IF ANY, TILL MY
REPATRIATION TO	THE PAF.		
11. CONTACT RE	FERENCE IN PAKISTAN.	I HEREBY DECLARE	MR / MRS, AS MY
	NCE IN PAKISTAN DURING I CASE OF ANY QUERY, REG		STING / COURSE ABOARD. HE / SHE MAY
NAME:	RELATIONSHIP:	` ,	PTCL NO:
NAIVIE.	RELATIONSHIP.	CELL NO.	PICE NO.
PRESENT ADDRESS			
			SIGNATURE
12. ON REPATRI	IATION TO THE PAF. I H	AVE BEEN REPATRIA	ATED TO PAF AFTER MY DEPUTATION /
ADVANCE CONTRIB	SUTION TOWARDS MWS (O)	I HAVE ALREADY REMITTED MY NOW MY MONTHLY CONTRIBUTION
MAY BE DEDUCTED	D THROUGH MY SALARY A	T THE PRESCRIBED I	RATE, STARTING FROM THE FOLLOWING
MONTH, UNDER CL	AUSE NO11 OF THE TERMS	AND CONDITIONS OF	MWS (O).
SIGNATURE:			DATE:
COUNTED SIGN	ATURE RY LINE COMM	IANDED	
	ATURE BY UNIT COMM		
13. FORWARDED F	OR NECESSARY ACTION.		, IF ANY.
NAME AND RANK:		DATE:	SIGNATURE WITH STAMP
UNIT:			
OIIII.			
ACTION BY SHA	HEEN FOUNDATION H	EAD OFFICE	
14. THE BANK DRA	AFT MENTIONED AT PARA 2	ABOVE HAS BEEN RE	CEIVED AND ACTION HAS BEEN TAKEN TO
			OUGH HIS SALARY [REFER TO CLAUSE NO EMARKS OVERLEAF, IF ANY.
	WAS CONDITIONS FOR MINNS	1	
NAME AND RANK:		DATE:	SIGNATURE WITH STAMP
DESIGNATION:			

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.

MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ SECONDMENT ETC. AND ON REPATRIATION

SHAHEEN FOUNDATION PAF

MEDICAL WELFARE SCHEME (OFFICERS)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)

PERSONAL PARTICULARS AND MODE OF PAYMENT

1. RANK:		2. NAME:			3. PAK/NO:		
4. BRANCH:	5. U l	NIT:	6. MEMBERSHIP NO				
				,	i) REGULAR OFFICER		
				(ii) RE-ENROLLED OFFICER L		
8. CELL NO:							
10. WHILE PROC	EEDIN	IG ON DEPUTATION	/ SECONDMENT ETC	<u>.</u> I AM	PROCEEDING ON DEPUTATION /		
POSTING / COURSI	E ABR	OAD TO (COUNTRY)		FOR	. I HAVE BEEN SECONDED TO (DURATION) MY		
MONTHLY CONTRIE	BUTION	N TOWARDS MWS (vver D) DEDUCTED THRO	FOR JGH MY	SALARY SHOULD BE STOPPED		
FROM	·	UNDER CLAUSE N	O 11 OF THE TERMS	S AND C	CONDITIONS FOR MWS (O), I AM		
ENCLOSING BANK I	DRAFT IN F	NO	DATE	D	, AMOUNTING TO Rs. RS) SHAHEEN FOUNDATION PAF"		
AS MY CONTRIBUTI	ON AT	THE RATE OF Rs. 10	00/- PER MONTH FOR	A PERIO	D OF (MONTHS). I		
			N IN ADVANCE FOR T	HE REM	IAINING PERIOD, IF ANY, TILL MY		
REPATRIATION TO							
					RS, AS MY		
			MY DEPUTATION / PO ARDING MY MWS (O)		COURSE ABOARD. HE / SHE MAY		
NAME:	O/10L	RELATIONSHIP:	, ,		PTCL NO:		
IVAIVI L.		KLEATIONSTIIF.	CLLL NO.		FIGE NO.		
PRESENT ADDRESS	3:						
					SIGNATURE		
12. ON REPATRI	ATION	TO THE PAF. I H.	AVE BEEN REPATRIA	ATED TO	PAF AFTER MY DEPUTATION /		
ADVANCE CONTRIE	JUKSE	: WITH EFFECT FRO I TOWARDS MWS (O)	ЛМ) TILL	I	HAVE ALREADY REMITTED MY DW MY MONTHLY CONTRIBUTION		
MAY BE DEDUCTED) THR	DUGH MY SALARY A'	T THE PRESCRIBED	RATE, S	TARTING FROM THE FOLLOWING		
MONTH, UNDER CLAUSE NO11 OF THE TERMS AND CONDITIONS OF MWS (O).							
SIGNATURE:					DATE:		
COLINTED SIGN	ATI ID	E BY UNIT COMM	IANDED				
13. FORWARDED F	OR NE	CESSARY ACTION.	REMARKS OVERLEAF	, IF ANY.			
NAME AND RANK:		DATE:	SIGNATURE WITH STAMP				
UNIT:							
5							
ACTION BY SHAHEEN FOUNDATION HEAD OFFICE							
					AND ACTION HAS BEEN TAKEN TO		
			S CONTRIBUTION THR (O)]. ADDITIONAL RE		IS SALARY [REFER TO CLAUSE NO		
	11D CC	MULLIONS FOR MINAS	1	1	·		
NAME AND RANK:			DATE:	SIGNAT	URE WITH STAMP		
DESIGNATION:							

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MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ SECONDMENT ETC. AND ON REPATRIATION

MEDICAL WELFARE SCHEME (OFFICERS)
(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)



PERSONAL PARTICULARS AND MODE OF PAYMENT

1. RANK:		2. NAME:				3. PAK/NO:	
4. BRANCH:	5. U	NIT:	6. M	IEMBERSHIP NO		I I I	
					• •	REGULAR OFFICER	
				T	(ii	RE-ENROLLED OFFICER	
8. CELL NO: 9. E-MAIL ADD:							
10. WHILE PROC	EEDIN	IG ON DEPUTATION	/ SEC	ONDMENT ETC	<u>.</u> I AM F	ROCEEDING ON DEPUTATION /	
POSTING / COURSI	E ABR	OAD TO (COUNTRY)	\//EE	·	 FOR (I	I HAVE BEEN SECONDED TO DURATION) MY	
MONTHLY CONTRIB	10ITUE	N TOWARDS MWS (C	D) DEI	DUCTED THROU	JGH MY	SALARY SHOULD BE STOPPED	
FROM		UNDER CLAUSE N	O 11	OF THE TERMS	S AND CO	ONDITIONS FOR MWS (O), I AM	
ENCLOSING BANK I	IN F	NO AVOUR OF "MEDICAL	WELF	DATE FARE SCHEME (OFFICER	, AMOUNTING TO Rs. S) SHAHEEN FOUNDATION PAF"	
AS MY CONTRIBUTI	ON AT	THE RATE OF Rs. 10	0/- PE	R MONTH FOR	A PERIOD	OF (MONTHS). I	
WILL CONTINUE TO REPATRIATION TO			I IN AI	DVANCE FOR T	HE REMA	INING PERIOD, IF ANY, TILL MY	
				NEDY BEOLADE	NAD / NAD		
						S, AS MY OURSE ABOARD. HE / SHE MAY	
		OF ANY QUERY, REG					
NAME:		RELATIONSHIP:	CELL	NO:		PTCL NO:	
PRESENT ADDRESS	S :						
						CLONATURE	
40 ON DEDATE	ATION	TO THE DAE III	۸\/C D	TEN DEDATOLA	TED TO	SIGNATURE PAF AFTER MY DEPUTATION /	
SECONDMENT / CO	DURSE	WITH EFFECT FRO	AVE E	BEEN KEPAIRIA	. I	HAVE ALREADY REMITTED MY	
SECONDMENT / COURSE WITH EFFECT FROM I HAVE ALREADY REMITTED MY ADVANCE CONTRIBUTION TOWARDS MWS (O) TILL NOW MY MONTHLY CONTRIBUTION							
MAY BE DEDUCTED THROUGH MY SALARY AT THE PRESCRIBED RATE, STARTING FROM THE FOLLOWING MONTH, UNDER CLAUSE NO11 OF THE TERMS AND CONDITIONS OF MWS (O).							
MONTH, STEER SENSE HOTT OF THE FERMIONAL CONDITIONS OF MINO (O).							
SIGNATURE:						DATE:	
COUNTER SIGNATURE BY UNIT COMMANDER							
13. FORWARDED F	OR NE	CESSARY ACTION. I	REMAR	RKS OVERLEAF,	IF ANY.		
NAME AND RANK:			DA	TE:	SIGNATURE WITH STAMP		
UNIT:							
ACTION BY SHA	HEEN	N FOUNDATION H	EAD (OFFICE			
		_	_		-	ND ACTION HAS BEEN TAKEN TO	
STOP / START COLL	LECTIC	ON OF THE MEMBER'S ONDITIONS FOR MWS	(O)1.	TRIBUTION THR ADDITIONAL RE	OUGH HIS MARKS C	S SALARY [REFER TO CLAUSE NO OVERLEAF, IF ANY.	
NAME AND RANK:				TE:		IRE WITH STAMP	
HAME AND NAME.				· · · ·	SIGNATO	ILL WITH OTAM	
DESIGNATION:							

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RANK:

MODE OF CONTRIBUTIONS WHILE ON DEPUTATION/ SECONDMENT ETC. AND ON REPATRIATION

MEDICAL WELFARE SCHEME (OFFICERS) (RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITAL LETTERS)



3. **PAK/NO:**

PERSONAL PARTICULARS AND MODE OF PAYMENT 2. **NAME:**

4. BRANCH: 5. UNIT: 6. MEMBERSHIP NO: 7. STATUS:- (i) REGULAR OFFICER (ii) RE-ENROLLED OFFICER 8. CELL NO: 9. E-MAIL ADD:						
8. CELL NO: 9. E-MAIL ADD:						
40 WHILE PROCEEDING ON DEDUTATION / SECONDMENT STC. LAM DROCEEDING ON DEDUTATION						
10. WHILE PROCEEDING ON DEPUTATION / SECONDMENT ETC. I AM PROCEEDING ON DEPUTATION / POSTING / COURSE ABROAD TO (COUNTRY) I HAVE BEEN SECONDED TO (DEPARTMENT) WEF: FOR (DURATION) MY MONTHLY CONTRIBUTION TOWARDS MWS (O) DEDUCTED THROUGH MY SALARY SHOULD BE STOPPED FROM UNDER CLAUSE NO 11 OF THE TERMS AND CONDITIONS FOR MWS (O), I AM ENCLOSING BANK DRAFT NO DATED, AMOUNTING TO RS IN FAVOUR OF "MEDICAL WELFARE SCHEME (OFFICERS) SHAHEEN FOUNDATION PAF" AS MY CONTRIBUTION AT THE RATE OF RS. 100/- 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. CONTACT REFERENCE IN PAKISTAN. 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 (O) CONTRIBUTION.						
NAME: RELATIONSHIP: CELL NO: PTCL NO:						
PRESENT ADDRESS: SIGNATURE						
12. ON REPATRIATION TO THE PAF. I HAVE BEEN REPATRIATED TO PAF AFTER MY DEPUTATION / SECONDMENT / COURSE WITH EFFECT FROM I HAVE ALREADY REMITTED MY ADVANCE CONTRIBUTION TOWARDS MWS (O) TILL NOW MY MONTHLY CONTRIBUTION MAY BE DEDUCTED THROUGH MY SALARY AT THE PRESCRIBED RATE, STARTING FROM THE FOLLOWING MONTH, UNDER CLAUSE NO11 OF THE TERMS AND CONDITIONS OF MWS (O).						
SIGNATURE: DATE:	DATE:					
COUNTER SIGNATURE BY UNIT COMMANDER						
13. FORWARDED FOR NECESSARY ACTION. REMARKS OVERLEAF, IF ANY.						
NAME AND RANK: DATE: SIGNATURE WITH STAMP						
UNIT:						
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 11 OF THE TERMS AND CONDITIONS FOR MWS (O)]. ADDITIONAL REMARKS OVERLEAF, IF ANY.						
NAME AND RANK: DATE: SIGNATURE WITH STAMP						
DESIGNATION:						

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