

**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. UNIT:	6. MEMBERSHIP NO:	7. STATUS:- (i) REGULAR OFFICER <input type="checkbox"/> (ii) RE-ENROLLED OFFICER <input type="checkbox"/>		
8. CELL NO:			9. E-MAIL ADD:		
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:	

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:			

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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SECONDMENT ETC. AND ON REPATRIATION**
MEDICAL WELFARE SCHEME (OFFICERS)
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PAF CAO COPY

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INDIVIDUAL'S COPY

COUNTER SIGNATURE BY UNIT COMMANDER

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UNIT DOCUMENTS COPY