

PAKISTAN AGRICULTURAL RESEARCH COUNCIL  
Directorate of Logistics

MEDICAL SECTION

PROFORMA FOR GRANT OF FINANCIAL ASSISTANCE OUT OF PARC MEDICAL  
WELFARE FUND 18<sup>TH</sup> COMMITTEE MEETING

- 1) Name \_\_\_\_\_
- 2) Designation/present scale (SPS) \_\_\_\_\_
- 3) Place of duty / centre \_\_\_\_\_
- 4) Current medical allowance (Per Month Rs\_\_\_\_) \_\_\_\_\_
- 5) Service status (Regular contract / pensioner etc. \_\_\_\_\_
- 6) Name of AMA/Treating specialist \_\_\_\_\_
- 7) Detail of previous financial Grants (if any) \_\_\_\_\_
- 8) (Number of time assistance received Total Amount Received so far \_\_\_\_\_
- 9) Total Nos. of dependents \_\_\_\_\_
- 10) Particular of patients for whom applied \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Age \_\_\_\_\_ Disease \_\_\_\_\_

Diagnosed since \_\_\_\_\_

Previous claim from \_\_\_\_\_ to \_\_\_\_\_

Total Amount Spent \_\_\_\_\_

(List of vouchers, date and amount on a separate sheet)

حلف: میں حلفیہ اقرار کرتا/کرتی ہوں کہ اوپر دی گئی تفصیل درست ہے اور مریض تمام اخراجات کے لئے مجھ پر انحصار کرتا/کرتی ہے اور اس کا کوئی دوسرا ذریعہ معاش نہیں۔

Signature of Employee

(Dated: \_\_\_\_\_)

Recommended on the basis of: 1) Personal knowledge: 2) Other reliable Sources: 3) informed by the employees

Name & Designation: