

Islamabad, the September 30 2020

C I R C U L A R

Subject: - **20TH MEDICAL WELFARE COMMITTEE MEETING (MWF)**

It is to inform that the 20th Meeting of Medical Welfare Fund (MWF) is scheduled to be held in 3rd week of October 2020.

02. The desire subscribing employees of the Council may submit their Medical Case(s) of high risk, life threatening chronic and specialized disabling disease(s) which requires prolong medication and continued treatment in respect of self or any of his / her dependent family members on the prescribed performa for grant of financial assistance under Medical Welfare Fund to PARC (Medical Section), Islamabad latest by 10th October 2020.
03. Each case must be accompanied with the previous treatment history and the latest specialist (s) certificates / prescriptions cash memos and laboratory reports etc., indicating the ailment / disease and current status of health of patient together with the expenditure incurred from 1st November 2019 to 30th, September 2020. The application should be duly countersigned and verified by the head of Directorate / Division / Programme / treating doctor / hospital (etc.).
04. After scrutiny the complete case in all respect will be placed before the authorized Medical Committee on merit cum need basis.
05. This issues with the approval of Competent Authority.

(SAIMA AKHTAR)
Dy. Director (Logistics)

Distribution:

- 1) All Employees (Serving/Retired) of the Council at PARC / NARC & out stations
- 2) Webmaster, MSIU, NARC (to upload on PARC website)
- 3) Notice Board.

CC:-

- TSO to Chairman PARC.
- APS to Secretary PARC.

Webmaster

Masoom
2/10/2020

MEDICAL SECTION

PROFORMA FOR GRANT OF FINANCIAL ASSISTANCE OUT OF PARC MEDICAL
WELFARE FUND 20TH 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 / Cell No. _____
(Dated: _____)

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

Name & Designation: