

**No. F. 11-13/95-AD (M)**  
**PAKISTAN AGRICULTURAL RESEARCH COUNCIL**  
(Directorate of Logistics)  
(Medical Section)  
\*\*\*\*\*

Islamabad, the 16<sup>th</sup> May, 2025

**C I R C U L A R**

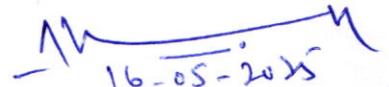
**Subject: - 22<sup>ND</sup> MEDICAL WELFARE COMMITTEE MEETING (MWF)**

I am directed to say that the 22<sup>nd</sup> Meeting of Medical Welfare Fund (MWF) is scheduled to be held soon.

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 02<sup>nd</sup> June 2025.

03. Each case must be accompanied with previous treatment history and latest specialist (s) certificates / prescriptions cash memos and laboratory reports / subscription (in MWF Fund) etc., indicating ailment / disease and current status of health of patient together with expenditure incurred from 1<sup>st</sup> July 2023 to 30<sup>th</sup> April, 2025. 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 (etc.) on merit cum need basis.

  
(AHSAN ALI RAZA)  
Asstt. Admin Officer (Medical)

**Distribution:**

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

**CC:-**

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

PAKISTAN AGRICULTURAL RESEARCH COUNCIL  
Directorate of Logistics

MEDICAL SECTION

PROFORMA FOR GRANT OF FINANCIAL ASSISTANCE OUT OF PARC MEDICAL  
WELFARE FUND 22<sup>ND</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 / Cell No.

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

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

**Name & Designation:**