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

Islamabad, the 22nd July, 2026

CIRCULAR

Subject: - MEDICAL WELFARE COMMITTEE MEETING (MWF)

I am directed to say that the 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 06th August, 2026.

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 1st May 2025 to 30th June, 2026. 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.

(MUHAMMAD MUNEER)
Director (Logistics)

Distribution:

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

CC:-

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

Masoom/...

PAKISTAN AGRICULTURAL RESEARCH COUNCIL
Directorate of Logistics

MEDICAL SECTION

PROFORMA FOR GRANT OF FINANCIAL ASSISTANCE OUT OF PARC MEDICAL WELFARE FUND 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: