GOVERNMENT OF PAKISTAN
ESTABLISHMENT DIVISION
STAFF WELFARE ORGANIZATION
COMMUNITY CENTRE _____

APPLICATION FORM FOR THE GRANT OUT OF FEDERAL STAFF RELIEF FUND

PART-A: (TO BE FILLED IN BY THE APPLICANT)

1. Name of the Government Servant: _____
2. National Identity Card No: _____
3. Designation & BPS: _____
4. Name of Office & Address: _____
5. Length of Service: _____
6. Purpose for which grant has been applied:

1. Death of Govt Servant	BS 1-22
2. Death of Dependent	BS 1-16
3. General Ailment	BS 1-16
4. Opticals (Only for Govt Servant)	BS 1-16

7. Name, age & relationship with Govt Servant: _____
   (In case of grant is required for dependent)
8. Nature / Duration of Sickness: _____
9. Whether applied for the grant earlier
   If, yes – indicate results: _____
10. Telephone No: Office: _____ Res: _____
11. Residential address: _____
12. D.D.O. Vendor No. _____

(SIGNATURE OF APPLICANT)

Date: _____

No. _____

Certified that the particulars mentioned under Part-A above are correct.

SIGNATURE & SEAL OF
FORWARDING AUTHORITY

MEDICAL CERTIFICATE

I, Dr._____ (NAME OF DOCTOR) of _____ (PLACE OF DUTY)
Holding registration No. of PMDC _____ Hereby certify that Mr./ Mrs./ Mst. _____
S/O, W/O, D/O _____ is suffering from _____ (NAME OF DISEASE)
Since _____ and will require treatment for _____ (APPROX DURATION)

He/Her case if recommended for special diet/medical treatment/surgery. The copies of the documents/schedule of treatment are enclosed.

NOTE: Stamp with name of Doctor will only be accepted.

(SIGNATURE & SEAL)

(IN CASE OF AILMENT CASES)
COUNTERSIGNED BY CIVIL SURGEON,