

**APPLICATION FORM FOR GRANT OF REHABILITATION AID TO FEDERAL
GOVERNMENT EMPLOYEES AND THEIR DEPENDANTS.**

1. Name & Designation. _____

2. Ministry/ Deptt. Where employed _____

3. Name of the dependent Patient. _____
4. Relationship of the patient
with the Federal Government
Employee. Wife, Son, Daughter, Father, Mother, Self
5. Rehabilitation aid required. _____
6. Details of Rehabilitation aid
Last provided by the
S.W.O. a) Cash _____
b) Kind _____
7. Phone/Cell No _____

**Signature of the Federal
Government Servant.**

RECOMMENDATION OF THE DEPARTMENT.

F. No. _____ Dated _____

It is certify that Mr./Miss/Mrs. _____ Designation
_____ is working in this Ministry/Division/Deptt. His date of retirement is
_____.

**Seal and Signature of the
Head of Department or his
Authorised Officer.**