

STAFF WELFARE ORGANIZATION
CH. REHMAT ALI COMMUNITY CENTRE,
G-7, ISLAMABAD.
(Ph#051-9252929, 9253000)

APPLICATION FORM FOR GRANT OF REHABILITATION AID TO IN-SERVICE
FEDERAL GOVERNMENT EMPLOYEES AND THEIR DEPENDANTS.

1. Name & Designation. _____

2. Ministry/ Department, where employed _____

3. Name of the dependent patient. _____
4. Relationship of the patient with the Federal Government Employee. **Husband, Wife, Unmarried Children, Father, Mother, Self**
(Copy of the N.I.C of the Patient be attached)
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 certified 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.

Terms/conditions overleaf

TERMS/CONDITIONS

The following documents duly attested must be attached with the application form.

1. Copy of **Payslip**, issued by A.G.P.R.
2. **CNIC** copy of employee and dependent / Patient.
3. Copy of **Form “B”** (in case of claim for their children).
4. **Medical Certificate** issued by authorized Medical Attendant.
5. **Counter Signature** from Civil Surgeon, Dispensary G-7-3/3, Islamabad.
6. Any other documents as desired by the **Staff Welfare Organization** time to time.
7. Employees working in “**Autonomous/Semi-Autonomous bodies**” are not entitled.
8. **Retired** employees are not eligible.
9. Only serving Federal Government Employees who are drawing their **salaries from A.G.P.R.**, are eligible.
10. In case of dependent, only **Husband, Mother/Father, Wife and Unmarried Children** are eligible.
11. In case of any interpretation / clarification of above terms / condition, the decision of the Federal Medical Board shall be final.