



Pakistan Agricultural Research Council

(Directorate of Logistics)

(Medical Section)

Plot No. 20, Ataturk Avenue, Sector G-5/1, Islamabad

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APPLICATION FORM TO AVAIL MEDICAL FACILITY

1.	EMPLOYEE DETAILS
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EMPLOYEE ID: _____ PPO NO (For retired only): _____

WORKING STATUS: Serving Retired

IF RETIRED: Deceased Alive

EMPLOYMENT TYPE: Regular Contract Deputation-in

NAME: _____ DESIGNATION: _____ SPS: _____

CNIC: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ POSTING: _____

HQ/CENTER: _____ DATE OF APPOINTMENT: _____

EXPIRY (IF ANY): _____ MOBILE: _____

EMAIL _____ RESIDENTIAL ADDRESS: _____

PHONE (OFF): _____ BLOOD GROUP: _____ DISEASE(S), IF

ANY: _____ AMA (if allotted): _____

2.	DEPENDENT DETAILS (ELDER TO YOUNGER)
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Eligible dependents to be entered only

Dependent-1

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-2

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-3

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-4

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-5

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-6

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-7

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-8

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-9

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

Dependent-10

Name: _____ DoB: _____ Blood Group: _____

CNIC: _____ Relationship: _____ Occupation: _____

Marital Status: _____ Any disease(s): _____

3.	EMERGENCY CONTACT PERSON
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Name: _____ MOBILE: _____

Relationship: _____

4.

SELF AND DEPENDENT PHOTOGRAPHS (To be pasted with gum and not stapled)

Paste Passport size
(2 x 1.5)
[PHOTO]
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-Clear

Name: _____

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[PHOTO]
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Name: _____

Paste Passport size
(2 x 1.5)
[PHOTO]
-Recent
-Clear

Name: _____

Large empty rectangular box for signature.

EMPLOYEE SIGNATURE

*-Please do not sign outside the box
-Please do not mention the date*

5.**CERTIFICATE/UNDERTAKING****I hereby certify that:**

- 1) The Dependents mentioned above are actually residing with me and fully dependent upon me as specified in the PARC employees (Medical Attendance & Treatment Regulations – 1990
- 2) The dependents mentioned above have no independent source of income.
- 3) The dependents mentioned above are not availing any medical facility from anywhere else.
- 4) In case of any change in dependency due to age/income/marriage or other factors, I will immediately convey such change in writing to the Medical Section, PARC.
- 5) If any discrepancy is found, I will be liable to return whole expenditure and liable to be proceeded under prevailing PARC Rules/Regulations.

The above information is true and correct to the best of my knowledge and belief:

Signature with date: _____

Name: _____

Designation: _____

Certificate from the Head of Department/Officer Incharge of the Project/Unit

Certified that _____ is working as _____ in the Directorate/Project _____ and particulars shown above to avail the medical facilities are correct to the best of my knowledge.

**Signature of the Head of Deptt./
Officer In charge & Stamp**

DOCUMENTS REQUIRED (CHECKLIST)

Please tick the checklist

S#	Required Documents	YES	NO
1	Copy of Employee Card		
2	Copy of CNIC (Self and Dependents)		
3	Copy of Offer letter for appointment and Office Order		
4	Copy of Pension Payment Order (If retired)		
5	B-Form of Children below 18 years		
6	Copy of Salary Slip (Last Month)		
7	Copy of Nikah Nama/CNIC copy of wife having husband name on it		
8	If any child is above 18 years and still studying, then enrolment record of relevant College/University etc. (Latest Fee slips)		
9	Passport size picture for self and every dependent		

(If not applicable, please write N/A.)

6.

FOR OFFICE USE ONLY

EMPLOYEE ID: _____ PPO NO (*For retired only*): _____

NAME: _____ DESIGNATION: _____

POSTING: _____

Remarks (if any): _____

Recommended By:

AUTHORIZED OFFICER
(with stamp)

Approved/Not approved:

AUTHORIZED OFFICER