

GOVERNMENT OF PAKISTAN
ESTABLISHMENT DIVISION
STAFF WELFARE ORGANIZATION
(CH. REHMAT ALI COMMUNITY CENTRE)

NO.SWO-5(1)/2020-21/

Islamabad, the 06th November, 2020.

C I R C U L A R

SUBJECT: GRANT OF REHABILITATION AID TO IN-SERVICE FEDERAL GOVERNMENT EMPLOYEES AND THEIR DEPENDENTS DURING 2020-2021.

In order to assist the In-Service Federal Government Employees in the event of physical disability to them and their family members, Staff Welfare Organization provides Rehabilitation Aid mainly in the form of equipment as under:-

1. Wheel Chair
2. Tri-Cycle
3. Hearing Aid (Ear device)
4. Neck Collar
5. Medical Jacket
6. Arms Prosthesis
7. Leg Braces
8. Artificial Leg Prosthesis
9. Crutches
10. Surgical Shoes
11. Any other item recommended by the Regional Medical Board for Rehabilitation Aid.

2. Applications on prescribed proforma (specimen overleaf) are invited for providing Rehabilitation Aid to Federal Government Employees and their dependents during 2020-21. The applications forms duly filled in and supported with requisite documents may be forwarded to the following Regional Offices of the Staff Welfare Organization up to 31-01-2021.

- 2 NOV 2020
C(A)
J.S.
2/11
S(W)
- (i) **Chief Welfare Officer, 051-9253000**
Staff Welfare Organization, 9252929
Ch. Rehmat Ali Community
Centre, G-7, Islamabad.
- (iii) **Chief Welfare Officer, 021-99203312**
Staff Welfare Organization,
Block 66/A, Pak. Secretariat,
Karachi.
- (v) **Staff Welfare Officer, 081-9211166**
Staff Welfare Organization,
Staff Welfare Complex,
Satellite Town, Quetta.

- (ii) **Chief Welfare Officer, 042-99211933**
Staff Welfare Organization,
Adjacent to A.G's Office,
Lahore.
- (iv) **Chief Welfare Officer, 091-9212097**
Staff Welfare Organization,
Community Centre F.G.
Employees Colony, Hassan
Ghari, Shami Road, Peshawar.

3. The above items will be provided subject to availability of funds. Decisions of the Federal Medical Board for Rehabilitation Aid will be final.

4. The employees of Pakistan Post Office, Pakistan Telecommunication Company, Ltd., Pakistan Railways, MES, Autonomous/Semi-Autonomous Bodies, Banks, Corporations and those paid out of defence estimates are not eligible.

MUHAMMAD ADNAN CHISHTI
CHIEF WELFARE OFFICER
PH: 9253000

✓ All Ministries/Divisions their Attached and

Sub-Ordinate Offices with the request to kindly circulate it among the employees working under them.

Copy to:-

- 211446K
1. P.A to **Director General**, Staff Welfare Organization Aabpara, Islamabad.
 2. Director (A&F), (I.M&E), Staff Welfare Organization, Islamabad.
 3. Director (IT), Establishment Division, with the request to kindly upload on Establishment Division's Official Website.
 4. All Regional Heads of Staff Welfare Organization, Lahore, Peshawar, Karachi, Quetta with the request to give wide publicity of the scheme through press release/ circulars etc. in their areas.
 5. Assistant Director (P) / Webmaster for uploading the same on Official website of SWO.


(CHIEF WELFARE OFFICER)

STAFF WELFARE ORGANIZATION

Ch. Rehmat Ali Community Centre,

G-7, ISLAMABAD.

(Ph.9252929, 9253000)

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.

Husband, 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.

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