

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

NO.SWO-5(1)/2021-22/ 550

Islamabad, the 01<sup>st</sup> July, 2021.

**C I R C U L A R**

**SUBJECT: GRANT OF REHABILITATION AID TO IN-SERVICE FEDERAL GOVERNMENT EMPLOYEES AND THEIR DEPENDENTS DURING 2021-2022.**

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            | 7. LEG BRACES  |
| 2. TRI-CYCLE              | 8. ARTIFICIAL LEG PROSTHESIS   |
| 3. HEARING AID/EAR DEVICE | 9. CRUTCHES  |
| 4. NECK COLLAR            | 10. SURGICAL SHOES   |
| 5. MEDICAL JACKET         | 11. Any other item recommended by the Regional Medical Board for Rehabilitation Aid. |
| 6. ARMS PROSTHESIS        |  |

2. Applications on prescribed proforma (specimen overleaf) are invited for providing Rehabilitation Aid to Federal Government Employees and their dependents during 2021-22. The applications form duly filled in and supported with requisite documents may be forwarded to the following Regional Offices of the Staff Welfare Organization up to **30-09-2021**.

- (i) CHIEF WELFARE OFFICER,  
Staff Welfare Organization, Ch. Rehmat Ali Community, Centre, G-7, ISLAMABAD. 051-9253000
- (ii) CHIEF WELFARE OFFICER,  
Staff Welfare Organization, Adjacent to A. G's Office, LAHORE. 042-99211933,
- (iii) CHIEF WELFARE OFFICER,  
Staff Welfare Organization, Block 66/A, Pak. Secretariat, KARACHI. 021-99203312
- (iv) CHIEF WELFARE OFFICER, Staff Welfare Organization, Community Centre F.G. Employees Colony, Hassan Ghari, Shami Road, PESHAWAR. 091-9212097
- (v) STAFF WELFARE OFFICER,  
Staff Welfare Organization, Staff Welfare Complex, Satellite Town, QUETTA. 081-9211166

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.

- Sd -

**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 Federal Government employees working under them.

Copy to: -

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.

**(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 IN-SERVICE  
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, Unmarried Children, 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. **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