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SSWF - 004

SRI LANKA AIR FORCE EX-SERVICEMEN'S ASSOCIATION
SUWA SURAKUM WELFARE FUND

APPLICATION FOR MEDICAL GRANT

1. Applicant's Full Name:……..……
2. Postal Address:……..…….……

   N.I.C. Number:……....
3. Telephone: …….…….. Mobile No: ……..…….……..
4. Date of Enlistment:…….….. Date of Discharge:……
5. Service Number:…… Rank:…….
   (Please attach a copy of the Discharge Certificate (Page 1, 2 and last page)
6. Sri Lanka Air Force Ex-Servicemen's Association Membership Number:……. …….
7. Are you a member of the "Suwa Surakum Welfare Fund" ? : YES / NO
   (If "YES", please mention receipt number and the date of the receipt. Receipt No. ……
   Date of the Receipt:…….)
8. Bank details of the applicant (Bank, Bank A/C number, Branch and address of the applicant)

PARTICULARS OF SURGERY

1. Type of Surgery / Medical Condition:……
   (Please attach a copy of the Diagnosis Card)
2. Expenditure Incurred:……
   (Supported by documents)

Date:…….. ……
Applicant's Signature

DISPOSAL BY MEDICAL COMMITTEE

Total professional fee recommended Rs.:……....

Date:…….. ……
Chairman, Medical Sub Committee

Approved / Not Approved

Date:……. ……..……
Chairman, Board of Trustees of SSWF

OFFICE USE ONLY

Cheque No.:……..

Date:……. ……
Treasurer of the SSWF