

DISABILITY CLAIM : MBO ON INVALIDMENT

PART I

Service No Rank Name
Branch / Trade of (Unit) Date of Birth
Name of Wife Date of Commission/Enrolment

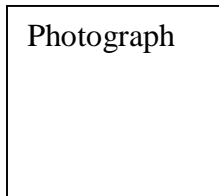
1. I have been MBO wef as per Air HQ/26491/INV/vol-II/Med-7 dated or HQ TC letter No HQ TC/3622/1/Med dated on completion of years months of service with percentage of disability for the disease
2.percent of disability has been awarded by invalidment Medical Board held on
3. Nomination form AFGIS 224 is enclosed. (In case service pension is granted).

Date

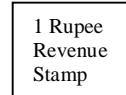
Signature of Claimant

PART II

PRE-RECEIPT



Received Rs..... (Rupees being the disability benefit admissible under Air Force Group Insurance Scheme.



Signature of Claimant

PART III

VERIFICATION CERTIFICATE

(To be certified by Officer Commanding of last Unit/Station Commander of any Air Force Station / Magistrate/Secretary Zila Sainik Board)

PART IV

Bank A/C No
Bank Name & Address

Home Address for Correspondence

PinTele No

PART V

Checked & Passed for Rs.....

APPROVED

Treasurer/Secretary, AFGIS
Date

Chairman Managing Committee
Date

PART VI

PAYMENT PARTICULARS

Paid Rs..... vide Cheque No dated and despatched (the cheque) vide letter No Air HQ/27836/1/ /GIS/ACCTS dated
Date Treasurer/Secretary, AFGIS