

OPTION FOR GRANT OF CASH MEDICAL ALLOWANCE WITH
PENSION AFTER RETIRMENT

I, Mr./Mrs. _____ S/o/wd/o _____

do hereby opt to draw cash medical allowance in accordance with PEPCO OM No.GM(HR)/HRD/A_548/485-99 dated 20.02.2014, No.GM(HR)/HRD/A_332/2396-2415 dated 21.09.2015 & DG (HR & Admn) IESCO Islamabad No.32404/CEO/IESCO/DG(HR & A) dated 12.06.2018

Dated: _____

Signature/thumb impressions

Countersigned by

Name: _____

Designation: _____

Office:- _____

Head of office/Division

CERTIFICATE REGARDING CANCELLATION OF FREE MEDICAL FACILITY MEDICAL
BOOK NO. _____

It is certified that medical treatment book No. _____ in respect of _____
S/wd/o _____ designation _____ is hereby cancelled/closed
due to grant of Cash Medical Allowance in pension w.e.f _____.

Medical Superintendent **Principal Medical officer**
Wapda Hospital **IESCO Dispensary**
Rawalpindi **Islamabad**