



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

APPLICATION FOR MEDICAL GRANT

1. Applicant's 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 page 01,02 and the last page of the Discharge Certificate)
6. Sri Lanka Air Force Ex-Servicemen's Association Membership Number :
7. Are you a member of the "Suwa Surakuma Welfare Fund"? YES / NO
8. If yes receipt No. :

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 SUB COMMITTEE

Total professional fee recommended Rs. :

Date :
Chairman, Medical Sub Committee

Approved / Not Approved

Date :
Chairman, Board of Trustees SSWF

OFFICE USE ONLY

Cheque No :

Date :
Treasurer