(Photocopy of the form is acceptable)



PUNJAB TEACHERS FOUNDATION (EDUCATION DEPARTMENT)

RAHMAN ARCADE, 36-E COURT STREET, LOWER MALL, NEAR CIVIL SECRETARIATE PUNJAB, LAHORE.

2 042-99212497

APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR HEPATITIS-C PATIENT (FOR ALL IN-SERVICE & RETIRED TEACHERS)

Office use Only

	Office use Only
Instructions:	Form No.
 Personal Information should be filled in Capital I Only Properly filled / complete forms will be considered. No Information should be left blank. Section-I	_etters.
Name of Teacher:	Recent
Father's / Husband's Name:	Recent
C.N.I.C#:	
Date of Entry into Govt. Service:	CROSS ATTESTED BY HEAD OF INSTITUTION
Designation & BPS:	
Place of Present Posting:	ANALY MANAGEMENT OF THE WOOD
Gazetted: Non-Gazetted:	PORTON CONTROL OF CONT
Retirement Date:	
Place of Last Posting:	
Permanent Address:	
Tehsil:Distt:	
Contact Number:	8 4
Postal Address:	
I here by confirm & undertake that;	
 I understand that if I knowingly provide false info will be ineligible for Financial Assistance. I will The details furnished in this application form are of 	be responsible / bound to
Dated: Certified that all the entries have been checked and compared	(SIGNATURE OF APPLICANT) with original record.
Stamp & Signature of Head of Institute	
FOR OFFICE USE ONLY	
Teacher Name:	
Father's/Husband's Name:	
CNIC:	
District:	

Section-II

CERTIFICATE BY THE EDO (Edu.) / DEPUTY DIRECTOR (COLLEGES).

Certified that Mr. / Mrs. / Mst	
Designation	has patient of Hepatitis-C. Hence his / her
name recommended for Financial Assistance of Punjab Teachers Foundation.	

(COUNTERSIGNED)

EXECUTIVE DISTRICT OFFICER (Edu.)/ DEPUTY DIRECTOR (COLLEGES)

Following attested documents should be attached alongwith application form.

- 1. Last pay slip.
- 2. Copy of Computerized National Identity Card.
- 3. Copy of Retirement Notification/P.P.O.No/First Page of Pension Book.
- 4. Hepatitis-C report duly attested by Medical Superintendent of DHQ/Teaching Hospital.