

PROFORMA-C

Particulars to accompany applications for Financial Assistance from the National foundation for
Teacher's Welfare (For Teachers)

1. Full name and permanent address of the application (Teacher) in block letters

2. Date of birth and age

3. Whether the teacher is still in service? Yes/No

4. If – Yes in (3) above, please give the following particulars in respect of the appointment held at present.
 - (a) Designation :
 - (b) Name of the school presently serving :
 - (c) Whether institution is Govt. Institution/Govt. Aided Institution/Recognized Private Institution.
 - (d) Monthly emoluments ;
 - (i) Pay band:
 - (ii) Grade pay; Total:
 - (e) Date of appointment and total continuous service rendered as teacher up to date.
 - (f) Whether temporary/permanent?
 - (g) Pensionable or Non pensionable?

5. Approximate income from other sources, such as immovable properties, investment etc. per annum.

6. Income from (all sources) of teacher's family not maintaining a separate, household.

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7. Furnish the following particulars of the members of the teacher's family dependent on him/her.

Name	Age	Relationship	Profession	Monthly Income, if any
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

8. Purpose and reasons for which financial assistance is requested. (Please describe in brief the circumstances necessitating the assistance requested).

9. Certificate : I (To be furnished by the applicant)

I certify that to the best of my knowledge and belief, the particulars given above are correct. I fully understand that in the event of any of them providing otherwise, I shall be liable to such action as the National Foundation for Teacher's Welfare may deem fit to take in the matter.

Place: _____

Signature of the applicant _____

Date: _____

(Official Stamp) _____

10. Certificate: II (To be furnished by the Head of Institution)

Certified that the applicant has correctly furnished the particulars of His/Her service. Certified also that applicant has shown uniformly good record of work conduct



Place: _____ Signature of the head Institution _____

Date: _____ (Official Stamp) _____

11. Certificate: III (To be signed by two responsible citizens of the area in which the applicant resides.
The certificate may be obtained from two members of Local Panchayat, Members of State or Union Legislature and Gazetted Officers of State or Central Govt).

We certify that we know the applicant personally and can testify from our personal knowledge of His/Her financial position and other circumstances to the genuineness of His/Her needs and claim for assistance.

The applicant is not related to any of us.

Place: _____ i) Signature _____

Designation _____

Date: _____ (Official Stamp) _____

Place: _____ ii) Signature _____

Designation _____

Date: _____ (Official Stamp) _____

12. Recommendation of District Committee.

Place: _____ Signature of Chairman of District Committee _____

Date: _____ (Official Stamp) _____

NB: Incomplete forms will be rejected