

**CRITERIA FOR SELECTION FOR FINANCIAL ASSISTANCE**

**1. ELIGIBILITY:**

i) Teachers regularized in service of recognized schools having no other members of the family in the Government service on regular/contract.

**2. REASONS/GROUNDS ON WHICH FINANCIAL ASSISTANCE MAY BE ACCORDED:**

i) Permanent disability of the teacher.

ii) Diagnosed and suffering from terminal ailment/Prolonged treatment for his/her own Ailment.

iii) Natural calamity of devastating nature for which grant/relief was not received from any other sources.

**3. PROCEDURE FOR SELECTION:**

The District Education Officer shall inform all recognized schools in their respective jurisdiction to receive applications and submit to the District Education Officer of the District with their views and comments.

The District Education Officer shall compile and put up the applications for scrutiny and recommendation to the District Selection Committee and the State Working Committee. The District Selection Committee shall recommend such cases along with all relevant documents duly certified and recommended by a Medical Board.

The State Working Committee will decide the teachers to be finally assisted from among recommended applications from the District level on merit basis.

Applications without authentic documentary in support to justify the reasons for seeking assistance shall not be entertained.

  
(SHASHANK PRATAP SINGH) IAS  
Principal Director

**PROFORMA-C 2026**

*Particulars to accompany applications for Financial Assistance for Teacher*

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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.

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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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 and devotion to duty during His/Her entire period of service.

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.

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Place: \_\_\_\_\_ Signature of Chairman of District Committee \_\_\_\_\_

Date: \_\_\_\_\_ ( Official Stamp) \_\_\_\_\_

**NB: Incomplete forms will be rejected**