

**APPLICATION FORM FOR ONE TIME FINANCIAL ASSISTANCE FROM THE
NATIONAL FOUNDATION FOR TEACHERS WELFARE, STATE WORKING
COMMITTEE ASSAM.**

Dated.....

To be submitted to the Director of Secondary Education with the recommendation of
Inspector of School /District Elementary Education Officer /Principal of the College

1.	Name in Block capital letters	<hr/> <hr/>
2.	(a)Fathers name (b) Name of Spouse if any	
3.	Present Address with Post office and PS name	Po. Village/Ward Town District
4.	Contact Number	a) Mobile NO. b) Email if any
5.	Name of the Post from which retired with name of School /College and District in bold letters ;	a) Post b) School/College c) District
6.	Was the School /College Govt. or Provincialised.	a) Govt. b) Provincialised Tick the appropriate Choice
7	Date of Retirement,	
8.	Whether Regular Pension (PPO) Received or drawing Provisional Pension attach a copy of PPO or the Prv. Pension order and present monthly Pension amount	Yes /NO. Pension amount;- Rs.
9.	Nature of ailment suffering from and since when? (Tick the appropriate Choice)	a) Cancer b) Heart Surgery c) Kidney Transplant d) Serious accident (State nature) date of incident and status of treatment e) Date from when suffered
10	. Name of the Hospital (s) where treatment was done (Attach one or more certificates /documents as proof)	1. 2. 3
10 (A)	Approximate amount of money spent on treatment so far	Rs.....

11	Sources of income and approximate annual income from such sources.	(a) Pension..... (b) Agriculture..... (c) Business..... (d) Other sources.....
12	Whether you received medical reimbursement? If so quantum of medical reimbursement received from government or other organisation by you	Rs.....from State Govt. Rs..... from other organisation
13	Is there any earning member in the family?	YES/NO If yes, approximate annual Income of such member Rs.....
14	Bank Details	Bank A/C No. With name of Bank and IFSC Code Bank Name..... Branch..... Account No..... IFSC Code.....

Declaration: I hereby certify that the above information is true to the best of my knowledge and nothing has been concealed.

Full Signature of the Applicant

Name :

Date

Place

Recommendation of the Inspector of School/DEEO/Principal.

I certify that Sri/Srimatihas been suffering from the medical condition as stated above in the application and his /her economic condition is that he/she deserves some financial grants to provide some relief.

Signature

Name of IS /DEEO/Principal

Date and Place

Office Seal