

APPLICATION FOR FINANCIAL ASSISTANCE FROM THE
NATIONAL FOUNDATION FOR TEACHERS WELFARE
For the year 2014-15.
(TO BE SUBMITTED IF APPLICANT IS DEPENDENT)

1. Full name and permanent address:-
of the applicant (dependent)
(IN BLOCK LETTERS)

PHONE NO:-

2) Year for which application is submitted: 2014-15

3) Date of Birth and Age of the applicant:-

4) Name of the Teacher to whom related:-

5) Applicants relationship to the teacher:-

6) Whether the teacher is still alive : Yes / No

7) If yes in (6) give the following particulars
in respect of the teacher.

a) Date of Birth and age :

b) Designation (post held at present) :

c) Name of the Institution were employed

d) Name of the Institution is a Govt. Institution/
Govt. Aided Institution/ recognized /private
Institution.

e) Monthly Pension: Rs.

f) Date of entering into service and total continuous
service rendered as teacher up to date :

g) Whether temporary/quasi-permanent/permanent:

h) Pensionable or non-pensionable:

8) If the Teacher is since dead, furnish the following particulars in respect of the appointment
last held :

a) Last post held :

b) Name of the institution last served:

c) Whether the institution was a Govt. Institution/
Govt. Aided Institution/recognized, private Institution

d) Date of entry into service:

e) Date of relinquishment of last appointment:

f) Total service rendered as teacher:

g) Reasons for relinquishment of last appointment:

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- 9) Approximate Income from other sources, such as immovable properties, investments etc.
Rs..... per annum.
- 10) Income (from all sources) of wife or any other member of the teacher's family not maintaining a separate household.
Rs..... per annum.
- 11) Please give the following particulars of the members of teachers family dependent on him/her including the applicant.

Sr. No.	Name of the dependent	Age of the Dependent	Educational Qualification	Relation with the teacher	Occupation	Income from all sources	Whether continuous education if yes which course
1.	2.	3.	4.	5.	6.	7.	8.

- 12 Purpose and reasons for which financial assistance is required (please describe in brief, the circumstances necessitating).

13. Amount of financial assistance required in lumpsum Rs.....

14. 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 Teachers' Welfare may deem fit to take in the matter.

Place: _____

Signature of the applicant

Date : / /

