

**Office of the Secretary / Treasurer, National Foundation for Teachers Welfare, Karnataka State Unit
"SHIKSHAK SADAN" Kempe Gowda Road, Bangalore-560 002**

**Particulars to accompany Applications for Financial Assistance from the National Foundation For
Teachers Welfare, New Delhi for the treatment of Teachers suffering from serious ailments.**

1. Full name and permanent address of the teacher (in Block Letters) :
2. Date of Birth and Age :/...../..... Years
3. Whether the teacher is still in service : YES / NO
4. If YES (in 3) please give the following particulars in respect of the appointment held at present :
 - a) Designation :
 - b) Name of the institution in which employed :
 - c) Nature of the Institution : Government/Private Aided/Recognised /Private unaided
 - d) Monthly emoluments : Pay
 - Allowances
 - Total
 - e) Date of appointment to the post & continuous services as on the date :/...../.....yrs
 - f) Nature of the post : Temporary /Quassi-permanent/Permanent
 - g) Whether services is pensionable ? : YES/NO
5. Whether the spouse of the teacher is employed? : YES/NO
If YES furnish the following information
 - a) Particulars of the service : Government/Semi-Government/Autonomous
 - b) Place of duty :
6. If the teacher is no longer in service, please furnish the following particulars in respect of the appointment last held:
 - a) Age on termination of the appointment
 - b) Last post held by the applicant
 - c) Name of the Institution last served :
 - d) Nature of the Institution last served : Government/Private Aided/Private Unaided Recognised / Unrecognised
 - e) Date of entry into service :
 - f) Date of relinquishment of last appointment :
 - g) Reasons for relinquishment of last appointment :
 - h) Total service rendered as a teacher :
 - i) The amount if any, sanctioned as i) Pension :
 - ii) Gratuity :
 - iii) Any other Ex-gratia payments :
 - Total :
 - j) Amount received on the termination of the last appointment, as
 - i) Contributory Provident Fund Assets :
 - ii) General Provident Fund Assets :
 - iii) Maturity Claims on LIC Policies :
 - iv) Any other receipts :
 - Total :
7. Approximate income from other sources such as immovable properties, investments etc. Rs..... per annum
8. Income from all sources of wife or an other members of the Teachers family maintaining a separate household : Rs. per annum
9. a) Whether any medical reimbursement facility is available : Yes / No
If yes, amount claimed as Reimbursement : Rs
- (Please furnish the details of the claims) : Rs
- b) Whether the spouse of the teacher is claiming any : Rs

of financial Assistance from any other source ?

10. a) Name of the Patient :
- b) Nature of Disease from which suffering :
- c) Name & Place of the Hospital (treatment obtained) :
- d) Duration of the hospitalisation : From To
- e) Attested copies of prescription, slips etc., : Total No.
- f) Particulars of Cash Receipts etc. for medicines purchased :

N.B. Original cash receipt should be attached.

11 (a) Please give the following particulars of the members of the teachers family dependent on him/her

Sl. No.	Names	Age	Relationship	Profession	Monthly income if any	Remarks
1						
2						
3						
4						
5						
6						
7						
8						

- b) Relationship for whom the financial assistance has been claimed :
- c) Pension if any drawn by the dependant :

12. Purpose and reasons for which financial assistance is required :

(Please described, in brief, the circumstances necessitating :

the assistance requested)

CERTIFICATE TO BE PUNISHED 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 proving otherwise. I shall be liable to such action as the National Foundation for teachers Welfare may deem fit to take in the matter.

Place :

Date :

Signature of the applicant

CERTIFICATE TO BE FURNISHED BY THE INSTITUTION WHERE THE TEACHER IS SERVING / LAST SERVED

Certified that the applicant has correctly furnished the particulars of his/her service. Certified also that the applicant has shown uniformly good record of work, conduct and devotion to duty, during his/her entire period of service.

Place :

Date :

Signature of the Head of the Institution with seal

Remarks of the State Working Committee (brief report together with the recommendation)

Place :

Date :

**Signature of the Secretary / Treasurer
Karnataka State Unit of N.F.T.W. with seal**