

SAAH WELFARE TRUST

Karnota (Chirala) Teh. Dhirkot, District Bagh (A.K)

Sub Office: H. No. SD- 218, Askari-XI ,Cobbe Road Rawalpindi Cantt

Tel: 051-5110395, Mobile No. 0300-4303657, 0343-5011001

Photograph

Application for Financial Assistance

1. Name: _____
2. Father's Name / Husband Name: _____
3. NIC No: _____ (Attach Photo copy)
4. Address: _____
_____ Telephone No: _____
5. Nature of Applicant: _____ Window / Orphan / Very Poor / Disabled
6. Whether father / husband alive: _____ Yes / No
7. Nature of disability: _____
8. Source of Income: _____
9. Details of Children: _____
with present status
10. Purpose / Reason for financial assistance: _____
11. Whether financial assistance received from other source, _____ Yes / No
if yes how much form whom: _____
12. Incase of student indicate (a) Class: _____
(b) Name of the Institution: _____
(c) Monthly Tuition Fee/ _____
Semester Fee:
(d) Total duration of the course / class: _____

Date: _____

Signature of Applicant

Certificate from Union Council / Verifier / Gazetted Officer

Certified that the particulars given above are correct and applicant deserves financial assistance for _____. He has no other source of income and not provided any assistance from other agencies.

Date: _____

Signature of Verifier

For Official Use

The application of Mr / Mrs / Miss _____ have been considered and Financial Assistance of Rs _____ has been recommended in the meeting of Board of Trustee / Executive body on _____.

Approved / Not Approved

Rs. _____ (Rupees _____) have been approved for payment to Mr / Mrs / Miss _____ as one time measures / per month / per annum.

Date: _____

Signature of Chairman

Receipt

Rs. _____ (Rupees _____) have been received as Financial Assistance for _____.

Date: _____

Signature of Applicant

Name _____

NIC No. _____