

Annexure – I

Application for financial assistance from National Foundation or Teacher's Welfare for Professional Education of Children of School Teachers

1. Full name and permanent address of the applicant (in Block Letters) :
2. Date of birth and age of the applicant :
3. Whether the teacher is in service :
4. If answer to (3) above is 'Yes' please give the following particulars in respect of the post held at present :
 - (d) Designation :
 - (e) Name of the Institution where employed at present :
 - (f) Whether the institution is a Govt. Institution /Govt. Aided / Private Institution :
5. Name of the student (In Block Letters) :
6. Date of birth and age of the student :
7. Relationship with the Student : Father / Mother
8. (a) Nature of professional course : Medical / Engineering / Management
- (b) Name & duration of course (with semesters) :
9. Name and address of the college where the student is studying / has studied during Year 2014-15 :
10. Date of admission (for 1st year) :
11. Year in which studying during Year 2014-15 : 1st / 2nd / 3rd / 4th
12. (i) Whether any scholarship is received from the Institution. If so, specify the amount :
- (ii) Whether any assistance has already been received from N.F.T.W., for this purpose. If yes, give particulars :
- (iii) Aadhar No. of applicant/Teacher :
13. Actual fees paid for the professional :

- course (Attach original cash receipts)
- 14 Amount of financial assistance claimed :
- 15 Whether certificate from the college :
where the student is studying is attached
- 16 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 event of this being proved otherwise, I shall be liable to such action as the National Foundation or Teacher's Welfare may deem fit to take in the matter.

Place:

Date:

Signature of the Teacher

17. Certificate II (to be furnished by the Head of the Institution where the teacher is serving)

Certified that the particulars furnished by the applicant are correct.

Place:

Date:

Signature of Head of the Institutions
(with official seal)
(In Hindi /English)

18. Recommendations of the State Working Committee, i.e. amount of financial assistance recommended for the year Year 2014-15

Place:

Date:

Signature of Secretary Treasurer
(with official seal)
(In Hindi /English)

Name of the Institution:

Ref. No.....Date.....

STUDY CERTIFICATE

This is to certify that Sh./Kum.....son/daughter of
Smt./Shri..... working as teacher in
.....

is a bonafide student of this Institution and studying in/studied inyear
(1st/2nd/3rd/4th)/ semester (1st/2nd/3rd/4th/5th/6th/7th/8th) during the
year Year 2014-15

The student is studying /studied in this college as per details given below:-

Name of the course	Duration of course(with semesters)	Date of admission(for 1 st year)	Year of course	Whether passed or failed	Remarks

The student has received/not received scholarship from this Institution during the year
Year 2014-15 of Rs.

(Signature of the Principal)
With official seal

Annexure II

List of applications forwarded by the State Working Committee of NFWT
..... (State/UT/Orgn.) under the Scheme of "Support for
Professional Education of Children of School Teachers" for the academic year Year
2014-15

[illegible]