

## Government of Khyber Pakhtunkhwa Auqaf, Hajj, Religious & Minority Affairs Department

Attached Department's Complex, SDU Building, Peshawar Cantt. Ph. No. 091-9223441 Fax No. 091-9212620

Email: auqaf@kp.gov.pk

# APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR TEACHERS OF MISSIONARY/COMMUNITY BASED SCHOOLS OF MINORITIES IN KHYBER PAKHTUNKHWA

Instructions:	

- 1. Personal information should be filled in Capital Letters.
- 2. Only properly filled/complete forms will be considered.
- 3. No information should be left blank.

Passport Size Picture

#### Section-I

Name of Teacher					Father's/Husband's Name										
C.N.I.C No.						-								-	
Date of Birth	D M Y			Contact No.											
Designation					School/Institution Name										
School/Institution Address										•					
Home Address															
Monthly Salary						A	Annua	Incon	ne						
Email Address						#	of De	pende	nts						

#### I hereby confirm & undertake that;

- I understand that if I knowingly provide false information in this application, I will be ineligible for Financial Assistance. I will be responsible/bound to reversed Financial Assistance to the Department.
- The details furnished in this application form are correct, complete & accurate and I have not withheld any information pertaining to the same.

	Signature of Applicant
Certified that all the entries have been chec	ked and compared with original record.

#### Section-II

### CERTIFICATE BY THE PRINCIPAL/HEADMASTER/HEADMISTRESS

Certified that Mr. / Ms. / Mst	
	is a permanent/contract/ad hoc teacher in
our school/institute. Hence his/her ha	ame recommended for Financial Assistance.
	<u>Countersigned</u>
	Name:
	Designation:
	Signature:
	Stamp:
Dated:	

Following attested documents should be attached alongwith application form.

- 1. Last Pay Slip.
- 2. Income Certificate.
- 3. Copy of Computer National Identity Card.
- 4. Copy of Appointment Letter.