

PAEC FOUNDATION
P.O BOX No. 216, ISLAMABAD

REGISTRATION FOR FOUNDATION GRANT FOR DIFFERENTLY ABLED CHILDREN
OF SERVING EMPLOYEES

(Beneficiaries: Officers, Staff (In-service))

I. EMPLOYEE'S PARTICULARS

1. Name: _____ (in block letters)
2. Designation: _____ 3. Establishment: _____
4. **Employee's Personal Bank Account Details:-**
- 4(a) Title of bank account _____ 4 (b) Bank Name. _____
- 4(c) IBAN (24 Digit Bank Account No) _____
- (Copy of Cheque Leaf must be attached please).
5. Employment Status: ☐ Regular ☐ Contract
6. Date of superannuation: _____
7. Pay-scale: _____ 7(a).PIN: _____ 7(b) CNIC # _____ - _____ - _____
8. Contributing towards CFP since: _____ (Indicate month & year and attach a Certificate from the Head, LAO).

II. CHILD PARTICULARS:

9. Name: _____ (in block letters)
10. Date of Birth _____ ☐ Male ☐ Female
11. CNIC / B-Form Registration # _____ - _____ - _____
12. Nature of Disability: ☐ Physical ☐ Mental ☐ Congenital Disease
13. Institute / School Admitted: _____
14. Why special grant requested? _____

(Mention expenditures of the special child)

III. EMPLOYEE'S STATEMENT:

Certified that the above statement / information is true to the best of my knowledge. My child is suffering from the above disability. He / She is wholly dependent upon me for subsistence. I will abide by the terms & conditions applicable to above grant for my son / daughter.

Date: _____ - _____ - 202____

(Signature of the employee)

(Employee's contact No.)

(Employee's e-mail (If any))

IV ENDORSEMENT BY PAEC HOSPITAL

The statement of employee at Sr. No. 14 is endorsed or otherwise on the basis of examination of his/her child.

Head of PAEC Hospital

Sign: _____

Stamp: _____

V. ATTESTED AND FORWARDED BY:

(Dated Signature with stamp of the Head of the Establishment.)

DOCUMENTS CHECKLIST

- ☐ Attested copy of B-Form or NADRA issued Family Registration Certificate (FRC).
- ☐ Attested copy of Disability Certificate issued from a Government Agency.
- ☐ Attested copy of *Bonafide Student Certificate* from the Institute studying / rehabilitating.
- ☐ Certificate (in original) from the Head, LAO that the applicant is regular contributing towards Central Financial Pool (CFP) indicating month and year of making contribution. An applicant is required to be a regular contributor towards CFP for at-least two years.
- ☐ Attested copies of the 1st & 2nd pages of the Service Book of the applicant.
- ☐ Attested copy of an immediate previous month's pay slip of the applicant.

GENERAL TERMS & CONDITIONS

Grant Rate:

Rupees 5,000/- per month (Rs. 60,000/- per annum) per child.

Terms & Conditions:

- i. Applications will be considered on first come first serve basis.
- ii. Subsequent grants will be released on quarterly basis.
- iii. The grant holder will be required to submit Life Certificate and Dependency Certificate on yearly basis usually in the month of March.
- iv. The applicants should be regular contributors towards CFP Scheme for at-least 2 (Two) years.
- v. The child nominated should be dependent upon the applicant.
- vi. Cancer treatment is not covered under the scheme.

INSTRUCTIONS

- *In case of application for two or more children of an applicant, separate forms should be used for each child.*
- *Copies of all documents should be attested. **Unattested documents will not be considered.***
- *Applicants may provide additional documents. The Foundation may also demand further documents.*
- *The application form should be completely filled.*
- *Dated signatures of the applicant and the forwarding officer should be present at the appropriate place on the form*
- *No form should remain unsigned / unstamped.*
- *Application should be forwarded through proper channel only on Foundation prescribed form only*