

APPLICATION FORM FOR GRANT OF FINANCIAL ASSISTANCE FROM
PAKISTAN CULTURE ARTS AND SPORTS FOUNDATION RELIEF FUND

PART-I

1. Name of Applicant : _____
2. Date of Birth Age : _____
3. Father's Name : _____
4. N.I.C. No. _____
5. Mailing address : _____
6. Permanent home address : _____
7. Occupation : _____
8. Office Business address : _____
9. Please indicate if:—

- a. The applicant himself is an Artist, Artisan, Sportsman etc.
- b. The applicant is the dependant of an artist, artisan, sportsman etc.

10. Exact relationship with the artist, artisan, sportsman etc. _____

11. FOR ARTISTS, ARTISANS AND SPORTSMEN:

Tick the relevant box

- a. Musician (Vocalist)
- b. Musician (instrumentalist)
- c. Dancer
- d. Dramatic Artist
- e. Painter
- f. Sculptor
- g. Film Artist
- h. Sportsman
- i. Any other (give details _____)

(PART-II)

12. (A) Nature of assistance sought check relevant column and give details of incident/event indicating date, place of incident etc. and amount and type of assistance required:

- a. Death of beneficiary: Attach death certificate.
 - b. Permanent disability of beneficiary:
 - c. Serious illness/injury of beneficiary:
 - d. Death permanent disability of dependant:
 - e. Serious illness/injury of a dependant:
- } Attach Medical/Death Certificate of the Authorised Medical Officer.

Details of the incident _____

13. NATURE OF EDUCATIONAL ASSISTANCE:

- a. Name of the institution being attended. Attach certificate of the Head of institute along with marks sheet etc.
- b. Class. _____
- c. Amount of assistance required. _____
- d. Period for which assistance is required. _____
- e. Parents guardian's profession. _____
- f. Parents guardian's monthly income. _____

14. Have you applied for receiving financial assistance from any Government/Semi Government body or any other institution, if so give details. _____

15. CERTIFICATE TO BE FURNISHED BY THE APPLICANT

I _____

S/o _____ R/o _____

do hereby solemnly affirm and declare that the contents of this application are true to the best of my knowledge and that I have not withheld any information required to be given in this form. I understand that in case the above information is found incorrect I will stand disqualified for any financial assistance from the fund.

Signature of Applicant

16. CERTIFICATE BY A MEMBER OF UNION COUNCIL/MUNICIPAL COMMITTEE/TOWN COMMITTEE.

Certified that the information furnished above by the applicant is true to the best of my knowledge and belief.

Signature of the member of Union Council/ Municipal Committee. Town Committee.

(PART-III)

17. Report/Recommendations of the relevant agency of Ministry of Culture and Sports/Provincial Agency/Regional Committee:

18. RECOMMENDATIONS OF THE REGIONAL COMMITTEE:

A sum of Rs. _____

is recommended as a lump sum grant and a sum of Rs. _____

is recommended as monthly assistance/yearly scholarship/stipend in favour of Mr./Miss: _____