



**EDUCATION EMPLOYEES FOUNDATION
KHYBER PAKHTUNKHWA**

Office Building of Directorate General Commerce Education & Management Sciences
Rano Garhi Chamkani Chowk G.T Road Peshawar Phone No. 091-2614253 091-2614257
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APPLICATION FORM FOR FINANCIAL ASSISTANCE TO THE PATIENTS OF CANCER

1. EEF Registration Number _____
 2. Name of Employee _____
 3. Father's Name _____
 4. Date of Birth _____ 5. Date of Appointment _____
 6. Designation _____ 7. BPS _____
 8. Date of Retirement _____ 9. Directorate _____
 10. Present place of posting _____
 11. Permanent Address _____

 12. CNIC No. _____ 13. Name of Legal Heir _____
 14. Contact Number: Phone _____ 15. Mobile _____
 16. Monthly Income: Pay _____ 17. Other sources _____
 18. Number of Dependents _____
- IN CASE OF DEPENDENT**
19. Name of Patient/Dependent _____
 20. Relation with the Education Employee. _____ 21. Age of the Dependent _____
 22. Dependent Marital Status _____ 23. Profession of the Dependent _____
 24. Monthly Income of the Dependent _____ 25. CNIC No of the Dependent _____
 26. Name of Disease _____ 25. Illness Period _____
 27. Brief History of Patient/Disease _____

 28. Oncologist Remarks _____

 29. Account No. of the Employee _____ 30. Branch Code. _____
 31. Bank Address. _____

Signature of applicant

Sig: _____ Seal _____

Attestation by Head of Institution with remarks

1. DEO/AEO/Principal of College recommendations _____

2. Recommendations by DHO _____

3. Financial Assistance Committee's Remarks _____

TERMS & CONDITIONS:

- (i) The applicant will apply on the prescribed form, which will be available in the Education Employees Foundation's office and also in the offices of Directorates of Education and DEOs/ AEOs concerned.
- (ii) The applicant must be a registered member of the Foundation.
- (iii) The financial assistance will only be allowed to the employee and his/her dependents.
- (iv) The Financial Assistance cases will be considered on case to case basis but the upper limit in such cases will be Rs. 300,000/- (Three Lacs).
- (v) The Financial Assistance will be given once in life.
- (vi) If an employee dies during service due to cancer, his/her case will also be considered for Financial Assistance, provided his/her Legal Heirs applies for Cancer Financial Assistance.
- (vii) The case will be initiated by the concerned District with recommendations and sufficient documentary proof by the DHO/Agency Surgeon and DEO/AEO of the concerned District/ Agency.
- (viii) Amount for the Financial Assistance will be allocated in the Budget every year.
- (ix) The Financial Assistance Committee will consider the cases on case to case basis and will submit its recommendations to the Chairman/Chairperson BOG for approval and payment accordingly.
- (x) The following documents should be attached with:
 - a. Attested photocopies of CNIC & Service Card of the applicant.
 - b. Medical Certificate duly attested by concerned Oncologist.
 - c. Pay Slip & Service Certificate
 - d. List of Legal Heirs.
 - e. Complete Documents of Medical History (Attested Photocopies).

NOTE: Application must be routed through proper channel.