



**GOVERNMENT OF KHYBER PAKHTUNKHWA
 HIGHER EDUCATION ARCHIVES & LIBRARIES DEPARTMENT
 EDUCATION EMPLOYEES FOUNDATION**



**APPLICATION FORM FOR CANCER AFFECTED EDUCATION EMPLOYEES & THEIR
 FAMILY MEMBERS**

EEF REGISTRATION NO: _____ (Attach Slip)

1. Name of Employee _____ 2. Father's Name _____
3. CNIC No. (Employee) _____ 4. Designation _____ 5. BPS _____
6. Directorate _____ 7. Personnel No. _____
8. Date of Birth _____ 9. Date of Appointment _____
10. Date of Retirement / Death _____ 11. Contact Number _____
12. Present Place of Posting _____
13. Permanent Address _____
14. Name of Legal Heir _____ 15. Monthly Income _____
16. Other Sources _____ 17. Number of Dependents _____

IN CASE OF FAMILY MEMBER

18. Name of Patient / Dependent _____
19. Relation with the Education Employee _____ 20. Age of the Dependent _____
21. Dependent Marital Status _____ 22. Profession of the Dependent _____
23. Monthly Income of the Dependent _____ 24. CNIC No of the Dependent _____
25. Name of Disease _____ 26. Illness Period _____ (Must Required)
27. Brief History of Patient/Disease _____

28. Oncologist Remarks _____

BANK ACCOUNT VERIFICATION (To be verified by the Bank)

1.	Account Title (Name)																				
2.	IBAN	P	K																		
3.	Branch Name/Address																				

SIGNATURE & STAMP OF BANK MANAGER

 Signature & Thumb impression of the Applicant

 Attestation of the Head of Institute with stamp

1. Recommendations of DIRECTOR / DEO/ PRINCIPAL CONCERN: _____

2. Recommendations by DHO: _____

3. Financial Assistance Committee's Remarks: _____

The following ATTESTED Documents should be attached with:

1. National Identity Card of the Education Employee.
2. Service Card of the Education Employee.
3. Medical Certificate duly attested by concerned **ONCOLOGIST**. (Original)
4. Fresh Pay slip showing contribution to the Foundation's Fund. (Original)
5. A Certificate of Service from the head of the institute in original. (Original)
6. List of Legal Heirs attested by Head of Institution. (Original)
7. National Identity Card or Form-B in case the applicant is the family member of the Education Employee.
8. Cheque book Leaf (Copy).
9. Affidavit on Stamp Paper in original to the effect that the applicant has not earlier been given Financial Assistance for medical treatment.
10. Complete Documents of Medical History.
11. **In Case of Death**, the application in **addition** to the above-mentioned documents must be accompanied by the following documents: -
 - i) Death Notification of the Education Employee;
 - ii) Death Certificate of the deceased Education Employee from NADRA;
 - iii) National Identity Card of the concerned family member;
 - iv) No Objection Certificate from other family members on judicial stamp paper to the effect that they have no objection to the application for financial assistance.
12. **In Case of Medical Board Retirement**, the application in addition to the above-mentioned documents must be accompanied by the following documents: -
 - i) Standing Medical Board Notification.
 - ii) Retirement Order of the Education Employee.