

APPLICATION PROFORMA
FINANCIAL ASSISTANCE OUT OF JOURNALIST SUPPORT FUND

1. Name of applicant _____
2. Date of birth/age _____
3. Father's name _____
4. CNIC # _____
5. Mailing address / Contact No. _____
6. Permanent home address _____

7. Occupation/employment _____
8. Family details
(i) No. of dependents _____
(ii) Total No. of Children _____
(iii) No. of children in educational institutions with certificates from respective institutions _____
9. Residential accommodation whether owned or rented _____
10. Medical condition in case of ailment (Certificate(s) may be attached.) _____
11. Office/business address _____
12. Relationship with the deceased (in case of widow/dependent children) _____

- 13. SPECIAL INTEREST:
 - a. Columnist
 - b. Reporter
 - c. Editor
 - d. Anchor
 - e. Any other
- 14. Brief History of Journalistic Achievements. _____
- 15. Reasons for seeking financial assistance _____
- 16. Any grant from Federal Government/other sources _____
- 17. Financial resources/liabilities of the beneficiary _____

Signature of Applicant: _____

18. Name, designation & signature of the recommending authority of the parent organization:

Name	Designation	Signature

- 19. Remarks by the recommending authority _____
- 20. Remarks by the President of concerned Press Club _____
- 21. Remarks by Director (News), DGPR _____
- 22. Amount approved by the JSF Sub-Committee _____
- 23. Dated _____