

**APPLICATION PROFORMA**

**FINANCIAL ASSISTANCE OUT OF PUNJAB WRITERS' WELFARE FUND**

1. Name of applicant \_\_\_\_\_
2. Date of birth/age \_\_\_\_\_
3. Father's name \_\_\_\_\_
4. CNIC # \_\_\_\_\_
5. Mailing address \_\_\_\_\_
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. Short Story Writer
  - b. Novelist
  - c. Critic/Research Scholar
  - d. Essayist
  - e. Writer/Poet/Literary Scholar
- 14. Brief History of Literary 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:

Name	Designation	Signature

- 19. Remarks by the recommending authority \_\_\_\_\_
- 20. Amount approved by the Administrative Committee \_\_\_\_\_
- 21. Date \_\_\_\_\_