



GHAZALI EDUCATION FOUNDATION

NO. _____

Province: _____

Date: _____

TSF Application Form for (Education)

District: _____ School: _____

Employee Name: _____ Designation: _____

C.N.I.C No: _____ Gender: _____

Joining Date: _____ Qualification _____ Salary's. _____

Mobile No.1 _____ Amount Claimed: Rs. _____

Bank Name/ Jazz cash/ Easy Paisa	Account Title	Account No.

Previous Record:

S.No	Degree Name	Semester	Year	Board/University
1.	Matric			
2.	Intermediate			

Date: _____

بخدمت جناب صوبائی ڈسٹرکٹ ایجوکیشن فاؤنڈیشن

جناب عالی!

Applicant's Signature

Principal Sign & Stamp

DMS Comments: _____

DMS Sign & Stamp

Verified Office APO

ہدایات: سابقہ پاس شدہ سمسٹر کے رزلٹ کارڈ کی تصدیق شدہ فوٹو کاپی اور فیس بینک سلف تصدیق شدہ کاپی، شناختی کارڈ کی کاپی لف کریں۔

For Office Use

District: _____ School: _____

Employee Name: _____ Designation: _____

Previous helps funds record:

Sr.No	Category (Health, Marriage, Education)	Details	Date	Amount
1				
2				
3				
Total				

New Case: _____ Claim Amount: _____

Member Committee Comments:

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

Recommended by Committee Rs. _____

In charge Committee_____
Member Committee_____
Member Committee_____
Approved By:

Provincial Director