

**ANNEXURE - I****PARTICULARS ACCOMPANY FOR FINANCIAL ASSISTANCE FROM NATIONAL FOUNDATIONS FOR TEACHERS WELFARE FOR PROFESSIONAL EDUCATION FOR TEACHERS vide R.c.No.15/TWF/2011,dt.2-5-2011 of C&DSE, AP, HYDERABAD**

- 1.Full name and permanent address of the applicant(Teacher) : -----  
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- 2.Date of birth and age : -----
- 3.Whether the teacher is in-service : -----
- 4.If yes in (3) above, please give the following particulars in respect of the post held at present :-
- (a) Designation : -----
- (b) Name of the institution where employed at present : -----
- (c) Whether the institution is a Govt. Institution/Aided/Private Institution : -----
- 5.Name of the student ( in block letters) : -----
- 6.Date of birth & age (Student) : -----
- 7.Relationship with the student : -----
- 8.Name of professional course : -----  
(a) Duration of course : -----
- 9.Name and address of the college where the student is studying: -----
- 10.Date of admission ( for 1<sup>st</sup> year) : -----
- 11.Year of course in which studying now (during 20 - 20 ) : -----
- 12.(i) Whether any assistance already received from the NFTW for this purpose. If yes, give particulars. If not received should noted as 'NOT RECEIVED' : -----
- 13.Annual fees paid for the professional Course TUTION FEE Rs.-----  
(attach original cash receipt).If cash receipt are for a LAB FEES – Rs. -----  
consolidated amount, break up of such receipts should be LIBRARY FEE- Rs.-----  
obtained from the college Authority by way of certificate OTHER FEE – Rs.-----  
and submit the some together with original cash receipts. TOTAL – Rs. -----
- 14.Amount of financial assistance claimed : -----
15. Whether certificate from the college where the student is studying is attached: YES / NO.

**16. CERTIFICATE - 1 (To be furnished by the applicant)**

I certify that to the best of my knowledge and belief the particulars given are correct. I fully understood that in the event of any of items proving otherwise, I shall be liable to such action as the National Foundation for Teacher's Welfare may deem fit to take in the matter.

Place:

Date:

SIGNATURE OF THE TEACHER

**17. CERTIFICATE -- II****(To be furnished by the Head of the Institution where the teacher is serving)**

Certified that the particulars furnished by the applicant are correct. His / Her pay particulars are given below:-

PAY	-Rs. -----
DA	-Rs. -----
Spl PAY	-Rs. -----
CA	-Rs. -----
OTHER ALLOWANCES:	-Rs. -----
TOTAL	_Rs. -----

PLACE:

DATE:

Signature of the Head of the Institution with Office seal

Note: In case of the applicant himself/herself is the Headmaster/Headmistress, this Certificate has to be signed by the MEO/MDO/ Deputy Educational Officer/Deputy Inspector of Schools/Parishad Educational Officer of ZP.

Forwarded to the secretary –  
The Treasurer,  
National Foundation for Teachers' welfare,  
Office of the Commissioner & Director of School Education, A.P.,  
HYDERABAD-5000004.

18. Recommendations of State Working Committee i.e. amount of financial assistance recommended and the year for which recommended.( For Office of NFTW, C/o.C&DSE.A.P.HYDERABAD use only)

RECOMMENDED / NOT RECOMMENDED FOR -----YEAR

Place:

Date :

Signature of Secretary Treasurer (Office stamp)

(Office of C&amp;DSE, AP, HYDERABAD.)

NAME OF THE INSSTITUTION: .....

Ref.No. .... Date: .....

### STUDY CERTIFICATE

This is to certify that Sri/Kum. ....  
 Son/daughter of Sri/Smt. .... working as a Teacher in ----  
 .... is a bonafide student of this Institution and studying in ----  
 .... year (----- Semester) during the year .....

The details of the student(s) is as given below

Name of course	Duration of course (with semesters)	Date of admission (for 1 <sup>st</sup> year)	Year of course	Whether passed or failed	REMARKS

The student has received / not received scholar ship from this Institution during the  
 Year ----- Rs. -----only

PLACE:

DATE:

Signature of the Principal with seal

PRTU -GNT