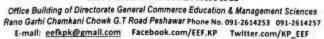


EDUCATION EMPLOYEES FOUNDATION

KHYBER PAKHTUNKHWA





APPLICATION FORM FOR FINANCIAL ASSISTANCE TO THE PATIENTS OF CANCER

EEF Registration Number	
Name of Employee	
Father's Name	
Date of Birth	5. Date of Appointment
Designation	7. BPS
Date of Retirement	9. Directorate
Present place of posting	
Permanent Address	
	9
CNIC No 13.N	ame of Legal Heir
Contact Number: Phone	15. Mobile
Monthly Income: Pay	17. Other sources
Number of Dependents	
INCAS	E OF DEPENDENT
Name of Patient/Dependent	
Relation with the Education Employee.	21. Age of the Dependent
Dependent Marital Status	23.Profession of the Dependent
Monthly Income of the Dependent	25. CNIC No of the Dependent
Name of Disease	25. Illness Period
Brief History of Patient/Disease	
Oncologist Remarks	
Account No. of the Employee	30, Branch Code.
Bank Address.	
	Sig:Seal
Signature of applicant	Attestation by Head of Institution with remark

	AEO/Principal of College recommendations
Recor	nmendations by DHO
Finan	cial Assistance Committee's Remarks
TER	MS & CONDITIONS:
(i)	The application 201
(1)	The applicant will apply on the prescribed form, which will be available in the Education Employees
(1)	Foundation's office and also in the offices of Directorates of Education and DEOs/ AEOs concerned.
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NOTE: Application must be routed through proper channel.