FORM FOR SEEKING FINANCIAL ASSISTANCE UNDER TEACHER'S WELFARE FUND

1. **NAME OF THE TEACHER** .....
2. **DESIGNATION** .....
3. **DEPARTMENT/COLLEGE** .....
4. **NATURE OF ILLNESS** .....
5. **NAME OF THE HOSPITAL/NURSING HOME ETC. (GOVT. / PVT.) FROM WHERE THE TREATMENT WAS MADE** .....
6. **GIVE REASONS (Enclose all supporting document i.e. detailed A/c's may be annexed to the form, if necessary)** .....
7. **RELIEF(s) SOUGHT EARLIER (INDICATE THE YEAR & AMOUNT)**
   1. .....
   2. .....
   3. .....

DECLARATION

I declare that neither I nor any member of my family, (if employed), have availed medical re-imbursement or assistance from any other source against the present claim.

Signature of the Claimant

Dated:

Recommended /Not recommended

PRESIDENT
JAMMU UNIVERSITY TEACHERS' ASSOCIATION / COLLEGE TEACHERS ASSOCIATION

Certified that the details furnished by Claimant at item no. 7 have been verified and found correct.

DR/AR (Accounts)

affidavit

I _____ S/O /D/O of _____

Resident _____ do hereby solemnly affirm a

declare as under:-

a) That the Genuine Bills duly verified and examined by the concerned ho
of the Hospitals, have been presented by the undersigned.

b) That the amount claimed does not exceed the ceiling of Rs.3 Lakh fi
for the same.

c) That no financial assistance from any other funding agency/source for
treatment of the patient has been claimed by the concerned.

d) That the undersigned has spent the amount for himself/ herself
his/her own income for the treatment of the patient.

Depon

Requirement

1. *Above mentioned Affidavit from First class magistrate.*
2. *Contingent bill*
3. *Revenue stamps*
4. *Medical prescription and bills duly recommended by incharge of the*
hospital