

Section (G) - Check List

- a) Copy of Computerized National Identity Card of the worker attested by a Gazetted Officer.
- b) Copy of valid certificate of the registration of Industrial/Mine/Establishment under relevant Act/Law attested by the Dir./Dy. Dir./Asstt. Dir. Labour Welfare/AMLWC (as the case may be).
- c) Copy of Social Security Card (R-5) or EOBI Card of the worker duly attested by the respective issuing department. In case of non-registered workers, an affidavit duly attested by notary public and focal person of the concerned labour department (i.e. Director, Labour or his nominee), may be submitted by worker regarding correctness of particulars given in the application, along with two guarantors, namely employer and CBA President / General Secretary.
- d) Copy of Appointment letter duly attested by the employer of Establishment or certificate of service in original bearing complete contents of employment.
- e) Copy of CNIC of the Student or Form-B (فارم ب) (in case of student is less than 18 years) of worker issued by NADRA and attested by the Gazetted Officer.
- f) Certificate of enrolment issued by the head / authorized officer of the educational institution.
- g) If the educational institution is other than Government run/Public Sector institute/university /college, copy of notification regarding registration/affiliation of the institute concerned with Government/Directorate/HEC/Board (as the case may be).
- h) Copy of previously passed examination attested by the head/authorized officer of the educational institution.
- i) An affidavit by the worker on Stamp Paper of Rs.50/- duly attested by the Oath Commissioner bearing the undertaking that:
- i) Mr. / Ms. \_\_\_\_\_ is my real son / daughter.
- ii) The student is dependent to me.
- iii) I will refund all the amount of educational expense & stipend, received out of Workers Welfare Fund, if the information given in this affidavit as well as application form is found incorrect at any stage.
- iv) The above named student has not earlier availed the scholarship out of Workers Welfare Fund for the degree of same level.
- j) Original payment vouchers or copies thereof duly attested by the head of educational institute / authorized officer regarding educational expenses / boarding charges / mess charges or other expenditure.
- k) (In the case of deceased/disabled workers children): Death certificate and proof of availing death grant from PWWB or disability certificate issued by Medical Legal Board constituted for this purpose (as the case may be).
- l) Evidence of bank account / copy of cheque.
- m) Retirement certificate or a certificate from employer reflecting closure/non-functional / inoperative industry / mining units (as the case may be).
- b) If the student applies for scholarship for the next year/semester of the same degree/programme, he/she will have to produce/submit only: -
- a) Copy of previously passed examination attested by the head/authorized officer of the educational institution.
- b) Certificate of admission in the next Year / semester.
- c) Original payment vouchers or copies thereof duly attested by the head of educational institute / authorized officer regarding educational expenses / boarding charges / mess charges or other expenditure.
- c) **FOR SCHOOL EDUCATION**
- Certificate from the Principal, Workers Welfare School concerned for non-availability of seats or reasons for failure to get admission is attached herewith.

# PUNJAB WORKERS WELFARE BOARD

## درخواست فارم برائے ٹیلنٹ سکالرشپ



Form No. \_\_\_\_\_ نام نمبر

Section (A) - Personal Information of Worker

Full Name \_\_\_\_\_ مکمل نام

Applicant's Name \_\_\_\_\_ (درگزر سے فوت ہونے کی صورت میں)

C.N.I.C No. \_\_\_\_\_ Designation \_\_\_\_\_ کپیڈ نیشنل شناختی کارڈ نمبر عہدہ

Social Security No. \_\_\_\_\_ EOBI No. \_\_\_\_\_ سوشل سیورٹی نمبر ای۔او۔بی۔ئی۔آئی نمبر

Date of Joining: \_\_\_\_\_ Date of Joining: \_\_\_\_\_ سوشل سیورٹی میں شمولیت کی تاریخ ای۔او۔بی۔ئی۔آئی میں شمولیت کی تاریخ

Date of Birth \_\_\_\_\_ Contact No. (A) \_\_\_\_\_ (B) \_\_\_\_\_ جنم کی تاریخ درگزر کا نمبر ترقی پائی ہو کر کا نمبر

Name of Bank/ Branch \_\_\_\_\_ نام بینک/ براچ

Contact No. \_\_\_\_\_ Bank A/C No. \_\_\_\_\_ Branch Code \_\_\_\_\_ بینک کا رابطہ نمبر بینک اکاؤنٹ نمبر براچ کوڈ

Postal Address (Present): \_\_\_\_\_ گھر کا موجودہ پتہ

\_\_\_\_\_

Postal Address (Permanent): \_\_\_\_\_ گھر کا مستقل پتہ

\_\_\_\_\_

Name & Address of Establishment: \_\_\_\_\_ صنعتی ادارے کا نام اور مکمل پتہ

\_\_\_\_\_

Factory/Establishment Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_ فیکٹری رجسٹریشن نمبر (فیکٹری ایکٹ 1934) رجسٹریشن کی تاریخ

Signature (Worker): \_\_\_\_\_ دستخط (مستحق کارکن)

Date: \_\_\_\_\_ تاریخ

**Section (B) - Certificate from Head of Administration & Personnel Department of Employer/Industrial Unit**

- 1) **Certified** that the below mentioned particulars of the **worker** of our **Establishment / Industrial Unit** are correct. It is further certified that: -
- i) He / She falls within the definition of "Worker" as defined in **IRA, 2012**.
  - ii) He / She joined this Establishment on \_\_\_\_\_ and is working till date i.e. \_\_\_\_\_.
  - iii) He / She died during service on \_\_\_\_\_ and has been paid death grant out of W. W. Fund.
  - iv) He / She retired from service on \_\_\_\_\_ :- 
    - a) due to disability (disability proof through a legal medical board constituted for the purpose).
    - b) on attaining the age of superannuation.
- OR**
- v) He / She laid off due to closing / nonfunctional / inoperative industry / mining units.
- 2) Certified that worker is registered with: -
- i) Employees Old Age Benefits Institution (EOBI)
  - ii) Employees Social Security Institution (ESSI)
  - iii) In case of non-registered workers, an affidavit duly attested by notary public and focal person of the concerned labour department (i.e. Dir/Dy. Dir./Asstt: Dir. Labour/AMLWC or his nominee), may be submitted by worker regarding correctness of particulars given in the application, along with two guarantors, namely employer and CBA President / General Secretary.
- 3) Certified that above said **Industrial / Mine / Establishment** is registered under: -
- i) Factories Act, 1934.
  - ii) Mines Act, 1923.
- OR**
- iii) is paying 2% contribution under section 2 (f) of Workers Welfare Fund Ordinance, 1971
- OR**
- iv) is paying 5% left out contribution under Companies Profit (Workers Participation) Act, 1968

(Attestation by the **Employer**)

(Verification / Countersigned by the Dir/Dy.Dir/Asstt: Dir./ACMLW)

Name \_\_\_\_\_ Signature with Date \_\_\_\_\_ Name \_\_\_\_\_  
 Designation \_\_\_\_\_ Stamp \_\_\_\_\_ Designation \_\_\_\_\_  
 Mobile No. \_\_\_\_\_ Email \_\_\_\_\_ Signature with Date \_\_\_\_\_  
 Stamp \_\_\_\_\_

**Section (C) - Personal Information of Student**

Full Name (Block Letter) \_\_\_\_\_  
 Father's Name (Block Letter) \_\_\_\_\_  
 C.N.I.C No. or B-Form No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Postal Address (Present): \_\_\_\_\_  
 \_\_\_\_\_

Marital Status: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Signature (Student): \_\_\_\_\_

**Section (D) - Educational Information**

Name of Educational Institution: \_\_\_\_\_  
 \_\_\_\_\_  
 Class/Course/Program: \_\_\_\_\_ Registration/Roll No.: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
 Present Status (Year/Semester): \_\_\_\_\_ Duration of Course: \_\_\_\_\_  
 Name of Previous Passed Exam: \_\_\_\_\_ Date of Passing (Previous Exam): \_\_\_\_\_  
 Roll No.: \_\_\_\_\_ Total Marks: \_\_\_\_\_ Marks Obtained: \_\_\_\_\_ Percentage/CGPA: \_\_\_\_\_  
 From (Board/University): \_\_\_\_\_

**Section (E) - Declaration by Worker & Student**

- i) We hereby certify that Policy & Instructions have been read & Application Form has been filled in and verified / certified by all concerning authorities and all required attested copies of documents have been attached along with this Application Form as per details given at back page &
- ii) We hereby solemnly declare that the above particulars are true to the best of our knowledge and we will be bound to refund the amount of Scholarship to PWW Board in case of any false information/statement or any forgery relating to this Application Form.

Signature (Worker): \_\_\_\_\_

Signature (Student): \_\_\_\_\_

**Section (F) - Certificate from Educational Institution**

**Certified** that all the above particulars of the student admitted in our **Educational Institution** are correct and true to the best of my / our knowledge. This Institution is Registered with \_\_\_\_\_ & affiliated with \_\_\_\_\_ or Chartered with HEC (only for universities).

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_ Office Stamp: \_\_\_\_\_  
 (Head of Institute)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: - Signatures "For" are not acceptable  
 For Boarder Students Only**

Hostel Name (with complete address): \_\_\_\_\_

Room No: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Signature (Hostel Warden): \_\_\_\_\_ Office Stamp: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: - Private Hostels are not allowed**

**Receipt for Talent Scholarship Form**

Application Form No: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Worker's Name \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

C.N.I.C No. of Worker \_\_\_\_\_ Designation \_\_\_\_\_

Social Security No. \_\_\_\_\_ EOBI No. \_\_\_\_\_

Name of Recipient \_\_\_\_\_ Designation of Recipient \_\_\_\_\_

Signature of Recipient \_\_\_\_\_ Office Stamp \_\_\_\_\_