

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 factory / establishment under Factories Act, 1934 / Mines Act, 1923 attested by the employer of Establishment.
- c) Copy of Factory Card of the worker duly attested by the employer of Establishment.
- d) Copy of Social Security Card (R-5) or EOBI Card of the worker duly attested by the employer of Establishment.
- e) Copy of Appointment letter duly attested by the employer of Establishment or certificate of service in original bearing complete contents of employment.
- f) Copy of Student Card attested by the head / authorized officer of the educational institution.
- g) Copy of CNIC of the Student or Farm-B (فارم ب) (in case of student is less than 18 years) of worker issued by NADRA and attested by the employer.
- h) Certificate of enrolment issued by the head / authorized officer of the educational institution.
- i) In case, if the educational institution is other than Government run/Public Sector institute/university /college, then copy of notification regarding registration/affiliation of the institute concerned with Government/Directorate/HEC/Board (as the case may be).
- j) Copy of previously passed examination attested by the head/authorized officer of the educational institution.
- k) 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 found
- iv) I will refund all the educational expenses & stipend, received out of Workers Welfare Fund, incurred on his / her education if he / she left the education at a middle / incomplete stage
- l) Original payment vouchers (if any) or copies thereof duly attested by the head of educational institute / authorized officer regarding educational expenses / boarding charges / mess charges or other expenditure.
- m) (In the case of deceased/disabled workers children): Death certificate and proof of availing death grant from PWWB or disability certificate and proof of availing disability benefits from PESSI/EOBI (as the case may be).
- n) Evidence of bank account / copy of cheque.
- b) In the event, 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 (if any) or copies thereof duly attested by the head of educational institute / authorized officer regarding educational expenses / boarding charges / mess charges or other expenditure.

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 _____ (درکے نوٹ ہونے کی صورت میں)

C.N.I.C No. _____ EOBI No. _____

Social Security No. _____ Designation _____ Factory Card No. _____

Date of Birth _____ Contact No. (A) _____ (B) _____

Name of Bank/Branch _____ نام بینک / برانچ

Contact No. _____ Bank A/C No. _____ Branch Code _____

Postal Address (Present): _____

Postal Address (Permanent): _____

Name & Address of Establishment: _____

Factory/Establishment Registration No. _____ Date of Registration _____

Signature (Worker): _____

Date: _____

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

- 1) **Certified** that the above particulars of the **worker** of our **Establishment / Industrial Unit** are correct. He / She joined this Establishment on _____ and is working till date i.e. _____ (or died during service on _____ and has paid death grant out of W. W. Board or retired on _____ due to disability and is getting disabilities benefits out of PESSI / EOBI.) He / She falls within the definition of "Worker" as defined in **PIRA, 2010**.
- 2) **Certified** that **above said industrial establishment falls under** the definition of "**Establishment**" as defined under **Workers Welfare Fund Ordinance, 1971 / Companies Profit (Workers Participation) Act, 1968** and is registered under **Factories Act, 1934** and is situated in the province of **Punjab** .
- 3) If the above particulars of worker as well as establishment found incorrect at any stage, the management of this establishment will be held responsible.

(Attestation by the **Employer**)

(Verification / Countersign by the DOL/ACMLW)

Name _____ Signature with Date _____ Signature with Date _____
 Designation _____ Stamp _____ Stamp _____
 Mobile No. _____ Email _____ Name _____
 Designation _____

Section (C) - Personal Information of Student

Full Name

Father's Name

C.N.I.C No. - - Date of Birth - -

Postal Address (Present):

Marital Status: _____ E-mail: _____
 Mobile No.: _____ Facebook I.D.: _____

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: _____ Year of Passing (Previous Exam): _____
 Roll No.: _____ Total Marks: _____ Marks Obtained: _____ Percentage/CGPA: _____
 From (Board/University): _____
 Signature (Student): _____

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): _____
 (دستخط (مستحق کارکن)

Signature (Student): _____
 (دستخط (طالب علم)

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 (Head of Institute): _____

Office Stamp: _____

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 - - EOBI No.
 Social Security No. Designation _____
 Name of Recipient _____ Designation of Recipient _____
 Signature of Recipient _____ Office Stamp _____