RAMZAN WELFARE TRUST (RWT)

NATIONAL RESILIENCE PROGRAM (NRP) – PHASE I

STUDENT EDUCATIONAL ASSISTANCE APPLICATION & DATA COLLECTION FORM

Application No.: _____

Province: _____

District: _____

Tehsil: _____

Union Council: _____

Village/Mohalla: _____

Date of Application: ____ / ____ / _____

SECTION A – APPLICANT'S PERSONAL INFORMATION

1. Full Name of Student: _____

2. Father/Guardian Name: _____

3. Gender:

☐ Male

☐ Female

☐ Other

4. Date of Birth: ____ / ____ / _____

5. Age: _____ Years

6. CNIC/B-Form No.: _____

7. Nationality: Pakistani

8. Religion: _____

9. Disability Status

☐ No

☐ Yes (Specify): _____

10. Mobile Number: _____

11. Email Address (if available):

SECTION B – RESIDENTIAL ADDRESS

Permanent Address

Village: _____

Union Council: _____

Tehsil: _____

District: _____

Province: _____

Postal Address: _____

SECTION C – EDUCATIONAL INFORMATION

Name of School/College/University

Institution Type

☐ Government

☐ Private

Current Class/Grade/Semester

Registration/Roll Number

Board/University

Academic Session

Percentage/Grade Obtained in Last Examination

Current Attendance Percentage

SECTION D – FAMILY INFORMATION

Family Member	Relatioship	Age	Occupation	Monthly Income

Total Family Members: _____

Number of School-going Children: _____

Monthly Household Income: PKR _____

Main Source of Income

_____

_____

SECTION E – ORPHAN STATUS

☐ Not an Orphan

☐ Father Deceased

☐ Mother Deceased

☐ Both Parents Deceased

If parents are deceased:

Guardian Name

_____

Relationship with Student

Guardian CNIC No.

Guardian Contact Number

SECTION F – SOCIO-ECONOMIC INFORMATION

House Status

☐ Own House

☐ Rented House

☐ Living with Relatives

☐ Temporary Shelter

Receiving Financial Assistance from Another Organization?

☐ Yes

☐ No

If Yes, Name of Organization

Nature of Assistance

SECTION G – EDUCATIONAL ASSISTANCE REQUIRED

Please tick the assistance required:

☐ Admission Fee

☐ Tuition Fee

☐ Examination Fee

☐ Books

☐ School Bag

☐ Uniform

☐ Shoes

☐ Stationery

☐ Transport

☐ Hostel Charges

☐ Other (Specify)

_____

_____

SECTION H – DOCUMENT CHECKLIST

Please attach self-attested photocopies of the following documents:

Required Document	Attached
Applicant's CNIC/B-Form	☐
Father's CNIC	☐
Mother's CNIC	☐
Guardian's CNIC (if applicable)	☐
Two Recent Passport Size Photographs	☐
Last Year's Result Card/Transcript	☐
Current School/College Bonafide or Enrollment Certificate	☐

Required Document	Attached
Current Fee Slip (if fee assistance is requested)	☐
Father's Death Certificate (if applicable)	☐
Mother's Death Certificate (if applicable)	☐
Disability Certificate (if applicable)	☐
Family Registration Certificate (FRC), if available	☐
Income Certificate/Salary Slip (if available)	☐
Proof of Residence (Utility Bill/Residence Certificate, if available)	☐
Any Other Supporting Documents	☐

SECTION I – APPLICANT'S DECLARATION

I hereby certify that all information provided in this application form is true, complete, and accurate to the best of my knowledge. I understand that Ramzan Welfare Trust reserves the right to verify any information or supporting documents submitted. I further understand that providing false, misleading, or forged information may result in rejection of my application, cancellation of assistance, recovery of any benefits received, and any other action deemed appropriate by the Trust.

Applicant Signature: _____

Date: ____ / ____ / _____

SECTION J – PARENT/GUARDIAN DECLARATION

I certify that the information provided in this application is true and correct. I understand that the educational assistance provided under the National Resilience Program is subject to verification, availability of funds, and compliance with the eligibility criteria established by Ramzan Welfare Trust.

Parent/Guardian Name:

Relationship:

CNIC No.

Signature/Thumb Impression

Date

____ / ____ / _____

SECTION K – SCHOOL/COLLEGE VERIFICATION

This is to certify that the above-mentioned student is currently enrolled in this institution and the educational information provided in this application is correct.

Institution Name

Principal/Head of Institution

Designation

Official Stamp

Signature

Date

____ / ____ / _____

SECTION L – COMMUNITY VERIFICATION

Verified By

Designation

Organization

Mobile Number

Remarks

Signature

Date

____ / ____ / _____

SECTION M – OFFICE USE ONLY

Application Received By: _____

Date Received: ____ / ____ / _____

Application Number: _____

Document Verification

☐ Complete

☐ Incomplete

Eligibility Assessment

☐ Eligible

☐ Conditionally Eligible

☐ Not Eligible

Field Verification Conducted

☐ Yes

☐ No

Recommendation

☐ Approved

☐ Approved with Conditions

☐ Rejected

Approved Assistance

_____

Approval Authority

_____

Designation

_____

Signature

_____

Date

____ / ____ / _____

Notes for Applicants

1. Submission of this application does **not** guarantee approval of educational assistance.
2. All information and supporting documents are subject to verification by Ramzan Welfare Trust.
3. Incomplete applications or applications submitted without the required supporting documents may be rejected.
4. Ramzan Welfare Trust reserves the right to conduct home visits, school verification, or community verification before making a final decision.
5. Any false declaration, forged document, or concealment of material information may result in immediate disqualification and recovery of any assistance provided.