

राष्ट्रीय शिक्षक कल्याण प्रतिष्ठान  
लोक शिक्षण संचालनालय  
मध्यप्रदेश

क्र० / राशिकप्र / वि०स० / ७८ / २००९ / १११

भोपाल, दिनांक १५/०८/०९

प्रति,

समस्त जिला शिक्षा अधिकारी,  
मध्यप्रदेश ।

विषय - व्यावसायिक पाठ्यक्रमों में अध्ययनरत शिक्षकों के पुत्र / पुत्रियों को वित्तीय  
सहायता वर्ष २००७-०८ हेतु प्रस्ताव भेजने विषयक ।

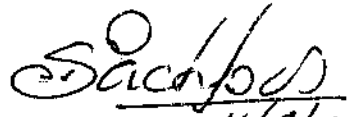
संदर्भ - भारत सरकार, मानव संसाधन विकास मंत्रालय का पत्र क्र० ६-४ / २००८  
एन०एफ०टी०डब्ल्यू० दिनांक ३०.९.२००८ ।

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उपर्युक्त विषय के संबंध में संदर्भित पत्र द्वारा राष्ट्रीय शिक्षक कल्याण प्रतिष्ठान, मानव  
संसाधन विकास मंत्रालय भारत सरकार द्वारा ऐसे शिक्षक जिनके पुत्र / पुत्री व्यावसायिक पाठ्यक्रम में  
अध्ययनरत हैं, उन्हें वित्तीय सहायता प्रदान करने विषयक प्रस्ताव चाहा है ।

अतः तत्विषयक वित्तीय सहायता प्रदान करने संबंधी प्रपत्र सलग्न कर निर्देशित किया जाता  
है कि व्यावसायिक पाठ्यक्रमों में अध्ययनरत शिक्षकों के पुत्र / पुत्रियों को वित्तीय सहायता  
योजनान्तर्गत अपने जिले से पात्र शिक्षकों के प्रस्ताव तैयार कर एकजुई रूप से दिनांक १५ जुलाई  
२००९ तक अनिवार्यतः भेजें । नियत तिथि के पश्चात् प्राप्त प्रस्तावों पर विचार किया जाना संभव नहीं  
होगा । अतः कृपया समय-सीमा का विशेष ध्यान रखा जाए ।

सलग्न :- निर्धारित प्रपत्र की छायाप्रति

  
(डॉ० सुभाष पाचगोर) ११/६/०९

अपर संचालक  
लोक शिक्षण, मध्यप्रदेश



Application for financial assistance from National Foundation for Teachers' Welfare for Professional Education of Children of School Teachers.

1. Full name and permanent address of the applicant (in Block Letters) :
2. Date of birth and age of the applicant :
3. Whether the teacher is in service :
4. If answer to (3) above is 'Yes', please give the following particulars in respect of the post held at present :
  - (a) Designation :
  - (b) Name of the Institution where employed at present :
  - (c) Whether the Institution is a Govt. Institution/Aided/Private Institution :
5. Name of the student (In Block Letters) :
6. Date of Birth and age of the student :
7. Relationship with the Student : Father / Mother
8. (a) Nature of professional course : Medical / Engineering / Management / B. Pharma
- (b) Name & Duration of course (with semesters) :
9. Name and address of the college where the student is studying/has studied during 2007-08 :
10. Date of admission (for 1<sup>st</sup> year) :
11. Year in which studying during 2007-08 : 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup>
12. (i) Whether any scholarship is being received/has been received. If so, specify the amount :  
(ii) Whether any assistance has already been received from N.F.T.W., for this purpose. If yes, give particulars :

13. Actual fees paid for the professional course  
(Attach original cash receipts.)  
Note: Photocopies of cash fee receipts, whether  
attested or not, will not be considered. In case  
of fee receipts for consolidated amount where  
for amount of T. Fee, Lib. Fee & Lab. Fee are  
not clearly indicated, a separate certificate from  
the college authorities mentioning the amount  
paid for these items should accompany the Fee  
Receipt. Otherwise, the application will not be  
entertained. Fee receipts should pertain to the  
academic year 2007-08 only.

14. Amount of financial assistance claimed :  
(subject to a maximum of Rs.15,000/-)

15. Whether certificate from the college :  
where the student is studying is attached

16. **Certificate I** (to be furnished by the applicant)

I certify that to the best of my knowledge and belief, the particulars given above are correct. I fully understand that in the event of this being proved otherwise, I shall be liable to such action as the National Foundation for Teachers' Welfare may deem fit to take in the matter.

Place:

Date:

Signature of the Teacher

17. **Certificate II** (to be furnished by the Head of the Institution where the teacher is serving)

Certified that the particulars furnished by the applicant are correct. Also certified that the nature of duties performed by the applicant school teacher are purely academic.

Place:

Date:

Signature of Head of the Institution  
(with official stamp)

18. Recommendations of the **State Working Committee**, i.e. amount of financial assistance recommended for the year 2007-08.

Place:

Date:

Signature of Secretary Treasurer

Name of the Institution :

Ref. No..... Date.....

Study Certificate

This is to certify that Sh./Km..... son / daughter of Sh./Smt. ....working as teacher in ..... is a bonafide student of this Institution and studying in/studied in..... year (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>) ..... semester (1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup>/6<sup>th</sup>/7<sup>th</sup>/8<sup>th</sup>) during the year 2007-08.

The student is studying/studied in this college as per details given below:

Name of course	Duration of course (with semesters)	Date of admission (for 1 <sup>st</sup> year)	Year of course (during 2007-08) (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> )	Whether passed or failed (in 2007-08) (The words "Passed" or "Failed" should be clearly mentioned)	Remarks

The student has received / not received scholarship from this Institution during the year 2007-08 of Rs.....

(Signature of the Principal) with official seal

