

**Schedule – I**  
**APPLICATION FORM FOR FINANCIAL**  
**ASSISTANCE TO JOURNALISTS OUT OF**  
**JOURNALIST WELFARE FUND (JWF)**



Copy of Bill to be submitted to the  
at Bills in All Office  
by State and Re  
as with All  
Use

amount of financial assistance sought

(please attach a bill summary of all individual bills/receipts  
in case of multiple bills duly verified by the concerned)

9. Details of financial assistance received/applied for from  
other sources: (eg. PM Relief Fund, CM Relief Fund,  
Journalist Associations/ Organizations, Insurance claims,  
Motor Accident Claims, Tribunal, others if any)

10. Family details

(applicable only in case of death/disability of journalist)

S.No.	Name of Family Member	Sex (M/F)	Date of Birth/Age in completed years	Relationship with the deceased Journalist

11. Bank's Accounts details

(Please provide the full details as per Mandate Form enclosed).

12. Any other relevant information

Documents attached with this application

- (i) CNIC Copy (Attested)
- (ii) Local/Domicile (Attested)
- (iii) Nikah Nama in case of assistance for marriage
- (iv) Medical Receipts Original duly verified by the concerned.
- (v) Death Certificate in case of deceased Journalist issued by the NADRA

Photograph

I hereby certify that all the above particulars furnished by me are true to the best of my knowledge and nothing relevant has been concealed therefrom  
I undertake to refund the assistance if it is found at any stage that it was obtained on the basis of false information and misrepresentation of true facts along with the interest at the prevailing banks rates.

Signature of the Applicant

Verified By  
President BUJ

Place: \_\_\_\_\_

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

Countersigned by  
Director General  
Public Relations Balochistan.

# **MANDATE FORM**

A. Details of Accounts Holder: -

B. Name of Account Holder

C. Complete Contact Address

D. Telephone Number/Fax/E-mail

E. B. Bank Account Details: -

F. Bank Name

G. Branch Name with Complete Address,

H. Telephone No. and E-mail

I. Whether the Branch is computerized?

J. Type of Bank Account (SB/Current/Cash Credit)

K. Complete Bank Account No.(Latest)

L. Date of effect: -

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as participant under the Journalist Welfare Fund.

Signature of Customer

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

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of Customer:

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. Enabled branch, please submit the information again in the above proforma to the Department at earliest.