



Dated: \_\_\_\_\_

Categorization of Day Care Centre(DCC)	No. of Kids	Space for DCC except kitchen, washroom and office area (In Sq. ft)
Category-I	25	At least 750
Category-II	Up to 12	At least 360 but up to 749
Category-III	Up to 6	At least 180 but up to 359

**FOR PRIVATE SECTOR ORGANIZATION**

**APPLICATION FORM FOR THE ESTABLISHMENT OF DAY CARE CENTER**

**INSTRUCTIONS TO FILL up Application:**

- i) Information must be to the point and precise.
- ii) Necessary details are provided on a separate paper (typed) where needed.
- iii) Nothing shall be kept hidden.

**1. ORGANIZATIONAL PROFILE:**

i) Type Of Organization:

- a) Section 42 Companies Yes  No
- b) Non-Governmental Organization (NGO) Yes  No
- c) Not for Profit Hospital Clinics Yes  No
- d) Other Similar not for Profit Organization Yes  No

ii) Name of the Organization: \_\_\_\_\_

iii) Office Address: \_\_\_\_\_  
\_\_\_\_\_

iv) Contact #(off): \_\_\_\_\_  
(Must be a valid contact #)

v) E-Mail: \_\_\_\_\_

vi) Web Site (If any): \_\_\_\_\_

vii) Details of Chief Functionaries and Executive Staff: \_\_\_\_\_

Sr.#	Name and Designation	Qualification/ C.V	Salary	Date of Appointment	Experience	Contact #	
						Mob#	Res#

**viii)** No. of employees in the organization:

(a) Married: \_\_\_\_\_ (b) unmarried: \_\_\_\_\_

**ix)** Whether premises are owned or rented by organization:

\_\_\_\_\_

**x)** Do cluster of Public or Private Offices exist in near vicinity of organization to benefit other Working Women?

Yes  No

**xi)** Medical equipment/ first Aid facility:  
(Detail to be provided)

Yes  No

**2. REGISTRATION STATUS:**

**i)** Registration #: \_\_\_\_\_  
(Copy of registration certificate to be attached)

**ii)** Under which Law/Act organization registered: \_\_\_\_\_

\_\_\_\_\_

**iii)** Registration valid upto: \_\_\_\_\_

**3. FINANCIAL POSITION:**

**i)** Name of Bank: \_\_\_\_\_  
(Where Account opened)

**ii)** Official Bank A/C Title: \_\_\_\_\_

**iii)** Name and Designation of Signatories of Official Bank A/C:

\_\_\_\_\_

**iv)** Account #: \_\_\_\_\_

**v)** Type of Account: \_\_\_\_\_ Current  PLS

**vi)** Date of opening of Account in Bank: \_\_\_\_\_

**vii)** Current Balance of Organization: \_\_\_\_\_  
(To ascertain Co-finance basis of 70:30)

**viii)** NTN/FTN Number:  
(Copy of NTN certificate to be attached)

**ix)** Sources of Funding to organization \_\_\_\_\_

**x)** Financial Audit of Accounts Done  Not Done



(Give details with full justifications along with quotations)

(i) 30% Cost as Borne by organization: \_\_\_\_\_

(ii) 70% Cost to be provide by PDCF Society for one Year \_\_\_\_\_

a) 1Year equipment Cost: \_\_\_\_\_

b) 1Year Operational Cost: \_\_\_\_\_

**8. AFFIDAVIT:**

I/We \_\_\_\_\_ S/o \_\_\_\_\_

CNIC No. \_\_\_\_\_ Resident of \_\_\_\_\_

for and on behalf \_\_\_\_\_ solemnly

declare that above mentioned information is correct to the best of my/our knowledge and belief and nothing has been concealed. In case at any stage, it is

revealed that I/We have submitted wrong and against the facts information, I/We shall be responsible for reversal of grant and action be taken as deemed

appropriate by the management of PDCF Society. I agree to abide by the Guidelines and Standards of PDCF Society for the establishment of Day Care

Centre in category-\_\_\_\_\_

**Signature of Deponent**

**Name** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**CNIC#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mob#:** \_\_\_\_\_

**Landline#:** \_\_\_\_\_

**Witness (1)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**CNIC#:** \_\_\_\_\_

**Mob#:** \_\_\_\_\_

**Landline#:** \_\_\_\_\_

**Witness (2)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**CNIC#:** \_\_\_\_\_

**Mob#:** \_\_\_\_\_