



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 PUBLIC 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) Public Sector Entities Yes No

b) Public Sector universities and college 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) No of employees in the organization: _____

(a) Married: _____ (b) unmarried: _____

viii) Whether premises are owned or rented by organization:

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

Yes No

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

Yes No

2. 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) NTN/FTN Number:
(Copy of NTN certificate to be attached)

vii) Financial Audit of Accounts

Done

Not Done

3. DAY CARE CENTER:

i) Nature of Proposal for Day Care Center New Extension

ii) Category of proposed Day Care Centre: I II III

iii) No of beneficiary Women for proposed Day Care Center:

iv) Size of Proposed Day Care Center: _____

(a) Covered Area (sq, ft)

(b) Open Area (sq, ft)

Note: Attach site & architectural map of aforesaid constructed space for DCC

v) Location of proposed New Day Care Center i.e. Ground floor, 1st floor etc.

vi) What would be the sustainability prospects of the Day Care Center established by PDCF Society after one year when grant will not be disbursed?
(Detail to be provided)

4. MEDICAL FACILITY:

i) Are there medical facilities available around proposed Day Care Center
(Detail to be provided)

Yes No

- ii) In case of medical emergency;
 - a) Name of Nearest Hospital: _____
 - b) Address or Contact # _____

5. STAFF STATEMENT (to be Engaged in Proposed Day Care Center):

- i) Designation of Staff Members with their proposed annual salary for new Day Care Center: _____
(Please refer to PDCF guidelines and Annex "A" for the number of staff members for a Day Care Center)
- ii) Total Cost of equipment, Toys and Books _____
(Please consult the standard list of equipment, toys and books that will have to be provided at the Day Care Center at Annex "B")

6. Required Financial Demand:
(Total Annex "A"+"B")

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(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: _____

7. 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#: _____

Official Stamp _____

Witness (1) _____

Name: _____

CNIC#: _____

Address: _____

Mob#: _____

Landline#: _____

Witness (2) _____

Name: _____

CNIC#: _____

Address: _____

Mob#: _____

Landline#: _____
