



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

**APPLICATION FORM FOR ESTABLISHMENT / EXPANSION OF DAY  
CARE CENTER IN LAHORE DISTRICT --- AS A PILOT PROJECT.**

**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) Name of the Organization: \_\_\_\_\_
- ii) Office Address: \_\_\_\_\_  
\_\_\_\_\_
- iii) Contact #(off): \_\_\_\_\_  
(Must be a valid contact #)
- iv) E-Mail: \_\_\_\_\_
- v) Web Site (If any): \_\_\_\_\_
- vi) Chief Functionaries (CF): \_\_\_\_\_
- vii) CV/credentials of CFs: \_\_\_\_\_  
(Copies of C.V to be attached)
- viii) Contact #: Res: \_\_\_\_\_ Mob: \_\_\_\_\_
- ix) Has Applicant been evaluated by any independent agency? Yes  No   
(If yes, please attach the evaluation report)
- x) Has any government department/ Ministry ever black listed the applicant? Yes  No   
(If yes, please attach the evaluation report)
- xi) Any vigilance case pending against the applicant? Yes  No   
(If yes, please attach the evaluation report)

**2. REGISTRATION STATUS:**

- i) Registration #: \_\_\_\_\_  
(Copy of registration certificate to be attached)
- ii) Under which Law/Act organization registered: \_\_\_\_\_  
\_\_\_\_\_

iii) Renewal Status: Done  Not Done

**3. TYPES OF ORGANIZATION:**

- i) Section 42 Companies Yes  No
- ii) Non Governmental Organization (NGO) Yes  No
- iii) Public Sector Entities Yes  No
- iv) Public Sector universities and college Yes  No
- v) Not for Profit Hospital Clinics Yes  No
- vi) Other Similar not for Profit Organization Yes  No

**4. FINANCIAL POSITION:**

- i) Name of Bank: \_\_\_\_\_  
(Where Account opened)
- ii) Account #: \_\_\_\_\_
- iii) Type of Account: \_\_\_\_\_ Current  PLS
- iv) Date of opening of Account in Bank: \_\_\_\_\_
- v) Current Balance of Organization: \_\_\_\_\_  
(To ascertain Co-finance basis of 70:30)
- vi) NTN/FTN Number:   
(Copy of NTN certificate to be attached)
- vii) Sources of Funding to organization \_\_\_\_\_
- viii) Account funds Utilization: \_\_\_\_\_  
(Year wise verified expenditure status)
- ix) Balance Sheet for Last 3 Years: \_\_\_\_\_  
(Year wise verified Balance Sheets)
- x) Financial Audit of Accounts Done  Not Done
- xi) Audit Reports: \_\_\_\_\_  
(Year wise Audit Reports to be attached)

**5. DAY CARE CENTER:**

- i) Does Day Care Center exist already and expansion needed? Yes  No
- ii) Whether premises are owned or rented by organization/ individual.  
\_\_\_\_\_
- iii) Size of Day Care Center: \_\_\_\_\_

