

No.DWD/AD(T&R)/AF/PDCF/2016

GOVERNMENT OF THE PUNJAB DIRECTORATE OF WOMEN DEVELOPMENT PUNJAB, Lahore

Categorization of Day Care Centre(DCC)		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:

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

1. ORGANIZATIONAL PROFILE:

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i)	Type Of Organization:		
	a) Section 42 Companies	Yes	No
	b) Non-Governmental Organization (NGO)	Yes	No
	c) Not for Profit Hospital Clinics	res	No
	d) Other Similar not for Profit Organization	Yes	No
ii)	Name of the Organization:		
iii)	Office Address:		
iv)	Contact #(off):		
v)	E-Mail:		
vi)	Web Site (If any):		
vii)	Details of Chief Functionaries and Executive	Staff:	

	Sr.#	Name and	Qualification/	Salary	Date of	Experience	Contact #	
	0.1	Designation	C.V	J ,	Appointment		Mob#	Res#
viii)	No. of	f employees	in the organi	zation:				
	(a) Ma	arried:		((b) unmarried	l:		
					` ,			
ix)	Wheth	ner premise	s are owned o	or rente	d by organiza	ition:		
x)			lic or Private (exist in near v	vicinity of o	rganizat	ion to
	benef	it other Wor	king Women?	,	V	es	No	7
					16	zs	NO	_
xi)	Medic	al equipmer	nt/ first Aid fa	cility:	Y	es	No	
	(Deta	il to be provi	ded)				<u> </u>	_
2 R	FGTST	RATION S	τατιις.					
<u></u>	LUIUI	TOTAL DITT	<u> </u>					
i)		stration #:_						
	(Сору	of registration	n certificate to be	e attache	d)			
ii)	Unde	r which I aw	ı/Act organiza	ation red	nistered:			
",	Oride	i willen Law	//Act organiza	icion reș	gistered:			
iii)	Regis	stration valid	d upto:					
2 E	TNAN <i>C</i>	CIAL POSIT	TON-					
J. <u>I</u>	TIVAIN	JIAL PUSIT	1011.					
i)		of Bank:						
	(Where	Account opene	ed)					
ii)	Official	Bank A/C	Γitle:					
iii)	Name	and Design:	ation of Signa	tories o	ıf Official Banl	ν Δ/C·		
,	Name	and Design	acion of Signa	tories o	orricial barri	κ A, C.		
:	٨٥٥٥١١٣	· · · · ·						
iv)	Accour	IL #						
v)	Type o	f Account: _			Curre	ent	PLS	
							-	
vi)	Date o	f opening of	f Account in B	ank:				
vii)	Curren	t Balance o	f Organization	١.				
•,	(To asc	ertain Co-fin	ance basis of 7	 '0:30)				-
				г				
viii)		TN Number:						
	(Copy o	of NTN certific	cate to be atta	ched) L				
ix)	Source	s of Fundin	g to organizat	tion				
,			_					
x)	Financ	ial Audit of	Accounts		Done	N	ot Done	

xi)	Audit Reports:				
Note: Financial Bank Guarantee is required from approved grantees of Private Sector in favor of PDCF Society for the period of 01 Year.					
4. <u>D</u>	DAY CARE CENTER:				
i)	Nature of proposal for Day Care Centre New Extension				
ii) iii)	Category of proposed Day Care Centre: I II III III III III III III III III				
iv)	Size of 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 for 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)				
5. <u>M</u>	MEDICAL FACILITY:				
i)	Are there medical facilities available in and around Day Care Center: (Detail to be provided) Yes No				
ii)	In case of medical emergency;				
	a) Name of Nearest Hospital:				
	b) Address or Contact #				
6. S	STAFF STATEMENT (Engaged in 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")				
7. R	Required Financial Demand: (Total Annex "A"+"B")				

(Give details with full justificat			ions along with	quotations)	
	(i) 3	30% Cost as Borne by or	ganization:		
	(ii) 7	'0% Cost to be provide b	y PDCF Society	for one Year	
	a) 1	Year equipment Cost: _			
	b) 1	Year Operational Cost: _			
8.	<u>AFFII</u>	DAVIT:			
	I/We			S/o	
CNIC No		Residen	t of		
	for a	nd on behalf		solemnly	
	declar	e that above mentione	ed information	is correct to the best of my/our	
knowledge and belief and nothing has been concealed. In case at any stage revealed that I/We have submitted wrong and against the facts information,					
appropriate by the management of PDCF Socie				Society. I agree to abide by the	
	Guide	lines and Standards of	PDCF Society	for the establishment of Day Care	
	Centre	e in category			
Sig	gnatu	re of Deponent	Witness	(1)	
Name			Name: _		
Designation:					
Address:		Landline	#:		
			Witness	(2)	
Mob#:			Name: _		
Landline#	:		CNIC#:		

Mob#: _____