



**No.DWD/AD(T&R)/AF/PDCF/2016**  
GOVERNMENT OF THE PUNJAB  
DIRECTORATE OF WOMEN DEVELOPMENT  
PUNJAB, Lahore

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

<b>Categorization of Day Care Centre(DCC)</b>	<b>No. of Kids</b>	<b>Space for DCC except kitchen, washroom and office area (In Sq. ft)</b>
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

xi) Audit Reports: \_\_\_\_\_  
(Year wise Audit Reports to be attached)

**Note: Financial Bank Guarantee is required from approved grantees of Private Sector in favor of PDCF Society for the period of 01 Year.**

**4. DAY CARE CENTER:**

i) Nature of proposal for Day Care Centre 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 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, 1<sup>st</sup> 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. 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. 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. Required Financial Demand:**   
(Total Annex "A"+"B")

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

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

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