File No :-.....

(For Office Use Only)

Application for Financial Assistance from the President's Fund – Non -Medical Assistance

(You are kindly informed to read the instructions, before completing the application.)

Province :- ..... District :-.....

Divisional Secretariat :-..... Grama Niladhari Division and Number :-.....

Part I

01. Name of the Beneficiary with Initials :- .....

02. Full Name of the Beneficiary :- .....

.....

03. Date of Birth :- .....

04. National Identity Card Number :- .....

05. Telephone Number :- .....

06. Personal Address (English) :- .....

.....

07. Gender :- .....

08. Marital status :- .....

09. Present Occupation/Income Source :- .....

(The following information should be provided when the beneficiary is not the applicant:)

10. Name of the Applicant with Initials :- .....

11. Full Name of the Applicant :- .....

.....

12. Relationship to the Beneficiary :- .....

13. Telephone Number :- .....

14. Details of the Family Members of the Beneficiary and Monthly Income of his/her Family.
All members of the family who bear National Identity Cards (including mother/ father/ guardian/siblings) should enter their National Identity Card Numbers.

Serial No.	Name	Occupation	Relationship to the Beneficiary	Marital Status	National Identity Card No.	Gross Monthly Income
1						
2						
3						
4						
5						

Monthly income of the family:- Rs. .....

15. Immovable and Movable Properties of the Beneficiary's Family

Serial No.	Name of the Property	Amount (Rs.)
1		
2		
3		

16. Account Details of the Beneficiary and his /her Family Unit
The bank account details of all members of the family (including mother/ father/ guardian/siblings) should be entered.

Serial No.	Names of the Members	Relationship of the Member to the Beneficiary	Name of the Bank	Branch	Bank Account Number	Balance
1						
2						
3						
4						

17. **Briefly provide details regarding the assistance expected from the President's Fund. (Before completing the application, you are required to read the instructions and complete the application according to the category for which you are seeking assistance.)**

You should submit the estimate or photographs, if any, attached to the application.

18. **I certify that all the information stated above is true and accurate.**

19. **Date :- ……. Signature of the Beneficiary: - ……**

Recommendation of the Divisional Secretary

Has this family previously received financial assistance through the President's Fund? **Yes/ No**

If yes; I. File No.:…….. II. Received Amount:…….. III. Received Year:……..

……

Date : …….. **Signature and Seal of the Divisional Secretary**