

APPLICATION FOR EDUCATIONAL CLAIMS

The Application will be filled by the Parent/Guardian and submitted to the Principal of the Campus, along with attachments mentioned below, who will send it to CRM Department, Allied Schools-Head Office, 87-B-I, M.M Alam, Lahore.

Allied Schools

EFA Schools

Part 1: PARTICULARS

Check the appropriate box:

Demise Case <input type="checkbox"/>	Shohada Case <input type="checkbox"/>	Employee Ward <input type="checkbox"/>	Disability Case <input type="checkbox"/>
National Highways/ Motorway Police Discount <input type="checkbox"/>	Rescue 1122 Discount <input type="checkbox"/>		
Any Other _____			

Student Detail:

Campus Name: _____ City: _____

Student Portal ID:

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 (Tracking Code)

Student Name: _____ Class: _____ Section: _____

Father Particulars

Name: _____ CNIC #

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NADRA Certificate of Deceased Parent (In case of Demise) - No.: _____ Dated: _____

Current Guardian Particulars: (In case of Parent Death)

Name: _____ Relationship with Student: _____

Contact number: _____ CNIC#

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NADRA FORM-B/ Birth Certificate No: _____ Dated: _____

Only for Employee Ward Discount

Employee Details

Employee Name: _____ Employee Code: _____

Employee Designation: _____ Employee Department: _____

Contact number: _____

Date

Signature of Father/Employee/Guardian

Attachments:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| • Birth Certificate / B Form of the Student | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Copy of Current Guardian CNIC | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • NADRA/Union Council Death Certificate | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Copy of EOBI/ Social Security card | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Employee Service Card | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Departmental (HOD) letter | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Part 2: ATTESTATION BY PRINCIPAL / NWA OF CAMPUS

This is to certify that above particulars are Correct and attachments have been checked against the Originals.
Case is informed to concerned CRO Head Office (CRM Department).

_____		_____
Principal Name		NWA Name
_____		_____
Principal Signature	<div style="border: 1px solid black; width: 150px; height: 60px; text-align: center; margin: 0 auto;">Campus Stamp</div>	NWA Signature
_____		_____
Date		Date

Part 3: FOR HEAD OFFICE-ALLIED SCHOOLS USE ONLY

Received and checked for any deficiency in the Application

- No Deficiency (Case sent to Concerned Department)
- Deficient in Particulars / Attachments / Verification of attachments.
(Sent back to Campus and copy retained for Reference)
- Phone call verification by concern CRM

Note: In case of financial liabilities stands in Fee Share, case will not be processed.

_____	_____	_____
Date	CRM Name	CRM Signature

Part 4: APPROVAL

Verifying Departments

_____	_____	_____
Regional Manager Signature	Manager ICT Signature	Reconciliation & Recovery Signature
_____	_____	_____
Name	Name	Name

Manager Operations
Signature

- Approved:**
- Not Approved / Remarks:** _____

Project Director

- Intimation to Campus by Courier and E-mail (Credit Note Scan Copy attached)
- Intimation to Regional Manager by E-mail (Credit Note Scan Copy attached)
- Intimation to Regional Finance Officer by E-mail (Credit Note Scan Copy attached)
- Intimation to ICT by E-mail (Credit Note Scan Copy attached)
- Intimation to Recovery & Reconciliation by E-mail (Credit Note Scan Copy attached)

Action taken for generation of the Revised Fee Challan for the Campus/Student

Date

Name of Manager Finance

Signature