AL-MIZAN FOUNDATION

AL-MIZAN SKILL DEVELOPMENT SUPPORT FORM

A. Applicant / Trainee Particulars

Applicant name		CNIC / B-Form		Affix recent passport size photograph here
Father / guardian		Date of birth / age		
Mobile /		Email, if any		
Present address		District / province		
Applicant status	☐ Orphan ☐ Widow's child ☐ Disabled dependent ☐ Other vulnerable dependent	Relationship / dependency	☐ Son / Daughter ☐ Guardian dependent ☐ Other:	
Previous Al-Mizan / Foundation skill / training benefit	☐ No ☐ Yes, details attached			

B. Principal Beneficiary / Service Particulars

Principal beneficiary / guardian name		CNIC	
Designation & BPS / scale		Employee / pension / service no.	
Parent Court / department / institution		Status	☐ Serving ☐ Retired ☐ Deceased
Group	☐ Punjab ☐ Sindh ☐ KPK ☐ Balochistan ☐ Federal	Relationship to applicant	

C. Training / Skill Programme Applied or Preferred (Attach details)

Course / trade / skill name		Course duration	
Training start date, if known		Campus / city / location	
Application / enrolment status	☐ Not yet applied ☐ Applied ☐ Offered / enrolled	Course / training fee (Rs.)	
Training institute / centre		☐ NAVTTC-authorized institute / centre ☐ TEVTA institute / centre ☐ Federal / Provincial Government technical or skill centre ☐ HMCT / Riphah ☐ Reputable private-sector institute ☐ Other:	
Support Requested		☐ Full training fee ☐ Partial training fee ☐ Stipend ☐ Certification fee ☐ Tool-kit support ☐ Placement facilitation / counselling ☐ Other approved skill support:	

D. Education, Need and Suitability Particulars

Last qualification / education		Current status	☐ Student ☐ Unemployed ☐ Working ☐ Other
Previous skill / work experience		Monthly family income (Rs.)	
No. of dependents		Remote-area / travel difficulty	☐ No ☐ Yes
Disability / accessibility need	☐ No ☐ Yes, details below	Guardian consent, if required	☐ Attached ☐ Not applicable
Need / priority factors		☐ Orphan / deceased earning guardian ☐ Widow-led household ☐ BPS-01 to BPS-16 family ☐ Low income / financial distress ☐ Disability ☐ Remote area ☐ Female safety / suitable timing ☐ Other:	
Brief reason for training / career objective			
Safety / accessibility / timing needs, if any			

E. Documents Attached / To Be Attached

☐	Applicant CNIC / B-Form	☐	Course / institute application or offer, if available
☐	CNIC of principal beneficiary / guardian	☐	Course fee / prospectus / schedule, if available
☐	Service / pension / employee proof	☐	Income / hardship proof, where claimed
☐	Death certificate, if deceased beneficiary case	☐	Disability / accessibility proof, where applicable
☐	Relationship / dependency proof	☐	Guardian consent, where required
☐	Latest education / qualification record	☐	Any other supporting document

F. Applicant Declaration

Declaration	I certify that the information provided is true and complete. I have disclosed pension, income, family support, remarriage where relevant, and any other assistance or benefit. I will inform the Foundation of any material change and will provide annual re-verification if support is continued. I understand that false information, concealment or duplicate benefit may result in suspension, recovery and lawful action.

G. Signatures

Role	Name	Signature / thumb	Date
Applicant / patient			
Parent / guardian / principal beneficiary			

H. Verification from Parent Department

Verifying officer name & designation		**Official contact / email**	
Signature & Stamp		**Date**	
Verification			

te: Attach copies only. Original documents may be required for verification. The Applicant shall also forward the same scanned verified pplication form alongwith the relevant docs to the Al-Mizan Foundation through official email info@almizanorganization.org and WhatsApp (0340-1476497)