

Performance of Public Assistance Institutions for Incentive Application Form							
Applicant Institution	Approval for Establishment	Date	Person-in-charge		Address of Institution	Promoter	Contact Phone No.
		Doc. No.	Title	Name			
Performance							
Verification and Comments By Authority	<input type="checkbox"/> 1 Premium performance in research and development of Public Assistance : (Please Specify) <input type="checkbox"/> 2 Particular contributions regarding operating Public Assistance : (Please Specify) <div style="text-align: right;">(Stamp of Authority)</div>						
Official Signature	Head of Agency		Business Supervisor		Promoter		
Note : Copy of evidence of performance should be prepared for verification							