

• REQUEST FORM •



- Name of Beneficiary _____
- Age & Date of Birth _____
- Gender _____
- Parent's Name
 - Father _____ Alive: Yes No
 - Mother _____ Alive: Yes No
- Death Certificate of parent/parents (Attach Copy)
- Name of Legal Guardian & Relation (If any) _____

- Name of School _____
- Bank Details
 - Name of Holder _____
 - Account No. _____
 - Bank Name _____
 - IFSC Code _____

Sign: _____
 Name of Signatory & Relation: _____

Eligibility Criteria :

- Age 2-18 years
- During the time of application, the applicant must not be more than 18 years or less than 2 years
- If applicant has lost parent/parents due to Covid-19. Applicant family's income is below the taxable limit.
- The selection of beneficiary, amount and duration of support is at the sole discretion of the Committee/Organisation.

