

# THE MANDAYAM SRIVAISHNAVA SABHA (Regd.)

Sri Yadugiri Yathiraja Mutt Buildings, 198, Sampige Road, Malleswaram, Bangalore 560 003.

## APPLICATION FOR FINANCIAL AID

(Only for Mandayam Srivaishnavas)

Paste  
Stamp  
Size  
Photo  
here

1. NAME : \_\_\_\_\_  
 2. AGE : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_  
 3. SEX : M / F FAMILY NAME : \_\_\_\_\_

4. ADDRESS : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TEL. NO. : \_\_\_\_\_ MOBILE PH. NO. : \_\_\_\_\_

5. PARENT / GUARDIAN'S NAME & CONTACT NO. : \_\_\_\_\_

6. MARITAL STATUS : MARRIED / SPOUSE LIVING / WIDOWED  
 (Strike out whichever is not applicable)

b. FAMILY STATUS :  
 How many children do you have Male  Female   
 How many are Dependent as of now Male  Female

c. RESIDENTIAL STATUS :  
 You Stay Independent  With Relative  Relationship \_\_\_\_\_  
 Old Age Home  With Children  \_\_\_\_\_

7. FINANCIAL STATUS :  
 a. PENSION (If Any)  Any other Income

(If INCOME is "NIL", pl. fill Support details )

b. Supporter's Name :  Relationship

c. If you are receiving Any other "Financial AID" , Please give details  
 From  Amount

d. Have you been receiving AID from the "SABHA" ? If "YES"  
 From When  Amount

*Applicant's Signature*

Name and Signature of a Member of the Sabha

### For OFFICE USE ONLY

Application Received Date	Amount Sanctioned Rs.....	If rejected, reason	Received the amount Applicant's Signature
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