

THE MANDAYAM SRIVAISHNAVA SABHA (Regd.)

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

APPLICATION FOR HANDICAPPED PERSONS

(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 : SINGLE / MARRIED / WIDOWED
(Strike out whichever is not applicable)

7. a. HANDICAP TYPE : _____
(Briefly describe your
Handicap in a few words)

- b. Handicap : By BIRTH / LATER (Strike out whichever is not applicable)

8. LIVELIHOOD STATUS : WORKING FULL TIME / PART TIME
(Strike out whichever is not applicable)

9. FINANCIAL STATUS : _____
- a. INCOME (Per Annum) _____
(If INCOME is "NIL", pl. fill Support details)
- b. Supporter's Name : _____ Relationship _____
- c. ADDRESS : _____

10. If you are receiving Any "AID" from any Other source
- | SOURCE | INCOME |
|--------|--------|
| _____ | _____ |

***If Applicant is not able to sign due to "Handicap",
supporter shall attest with signature
Enclose Doctor / Disability Certificate, if available***

Applicant's Signature

Supporter's Name and Signature

For OFFICE USE ONLY

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