



The Mandayam Srivaishnava Sabha ^(R)

Sri Yadugiri Yathiraja Mutt Building, #198, 11th Cross, Sampige Road, Malleswaram, Bangalore 560003

Website: www.mandayamsabha.in

Email: Srivaishnava.mandayam@gmail.com

Tel: 080 41535970

APPLICATION - AID FOR DIFFERENTLY ABLED PERSONS

{Form D}

(Only for the Members of the Sabha and their children, incomplete application is liable for rejection)

Stamp
size
Photo

1. Name:in Full:

2. Gender: M F 3. Gothram: 4. Family Name:

5. Date of Birth(DD/MM/YYYY): / / Sabha Memb. No.:

6. Father's Name in full:

7. Mother's Name in full:

8. Address: Door No.: City:
Street: State:
Area: Pin:

9. Email: 10. Mobile No.:

11. Land Line No.:

12. Marital Status: Married Unmarried Widowed Divorced

13. Disability:
i. Type of Disability
ii. By Birth/Acquired

NOTE: ATTACH TRUE COPY OF DISABILITY CERTIFICATE ISSUED BY COMPETENT AUTHORITY

14. Financial Status:
i. Income (per annum) Rs.
ii. If Income is "NIL":
Guardian/Supporter's Name: Relationship:
Address of Guardian/Supporter:

15. Are you receiving any Aid from other source/s (If Yes):
i. Source: ii. Aid:

**NOTE: Please fill in all the columns. In Capitals
Guardian/Supporter to sign on behalf of the applicant
If applicant is not able to sign**

Applicant's Signature

For Office Use Only:	
Application Received Date: <input type="text"/>	Amount sanctioned: <input type="text"/>
If rejected reason:	
Approved by	Received the Amount
Name & Signature of Sanctioning Authority	Applicant's Signature