



The Mandayam Srivaishnava Sabha (R)

Sri Yadugiri Yathiraja Mutt Building, #198, 11th Cross, Sampige Road, Malleswaram, Bangalore 560003
Website: www.mandayamsabha.in Email: secretary.mandayamsabha@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
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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 (In Rupees):

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:

Amount sanctioned:

If rejected reason:

Approved by

Received the Amount

**Name & Signature of
Sanctioning Authority**

Applicant's Signature

ANNEXURE

This is an annexure to the application for Aid to “Differently Abled”

DECLARATION

I _____ the undersigned hereby
declare that the information provided in my application attached is true to the best of my knowledge.

Signature of the Applicant/Beneficiary

Name:

Membership No.:

Date:

Declaration by the Proposer:

I _____ the undersigned
Donor/Patron No. _____ hereby propose the application of _____ is in
order and hereby declare and propose his/her application and recommend for Endowment under the
category “Differently Abled”

Signature of Proposer

Name

Membership No:

Date: