



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 FOR EDUCATIONAL ASSISTANCE

{Form B}

(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. a. Financial Status (Income from all sources): i. Father's/Guardian's Rs. ii. Mother's Rs.

iii. Any other Source Rs. iv. Total Annual Income from all sources Rs.

b. Family Status: Number of Dependents: Male Female

13. Educational Status (Ascending from current to previous)

Sl	Secondary Board/University	Class/Graduation	Total Marks Obtained	Percentage/Distinction

NOTE: ATTACH TRUE COPY OF MARKS SHEET

14. If you have received any Educational Assistance earlier (State the amount):

i. From Sabha ii. From any other source

15. Extra Curricular Activities (Sports, Cultural etc.)

NOTE: Please fill in all the columns. In Capitals

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

Declaration annexure to the application for Educational Aid:

DECLARATION

I _____ the undersigned declare hereby that this application of my ward for 'Educational Aid' is in order and the information provided by me is true to the best of my knowledge.

Signature of the Applicant/Guardian

Name:

Membership No.:

Date:

Declaration by the Proposer:

PROPOSAL

I _____ the undersigned Donor/Patron No. _____ declare hereby and propose _____ that his/her application is in order and propose and recommend to consider his application for Endowment under the category 'Educational Aid'.

Signature of Proposer

Name

Membership No:

Date: