



DAKSHINA KANNADA CROWD FUNDING EVENT FORM

Event Details:

Title of Event: _____

Organized by: _____

Organizer's Contact No: _____

Organizer's Email: _____

Address: _____

Event Dates:

Event Start Date (dd-mm-yyyy): _____

Event End Date (dd-mm-yyyy): _____

Event Description:

About the event (Short Description about event and Requirements): _____

Financial Details:

Please Enter the amount Required (In Rupees): _____

Bank Details:

A/C No: _____

IFSC Code: _____

UPI Number: _____