

**ENNUM EZHUTHUM CHARITABLE TRUST CHENNAI -600048**

NOTE: ATTACH ALL NECESSARY PROOFS & FILL THE REQUIRED DETAILS OF THE FORM, SEND TO OUR E-MAIL ID eect2023queries@gmail.com FOR THE PROCESS TO BE QUICK AND EFFECTIVE AUTHORIZATION. WE PROMISE TO KEEP ALL THESE INFORMATIONS FOR OFFICAL USE ONLY.

|  |  |  |
| --- | --- | --- |
| **SL.NO** | **OTHER REQUEST FORM** | |
| **1** | **NAME\*** |  |
| **2** | **DISTRICT** |  |
| **3** | **STATE** |  |
| **4** | **ADDRESS\*** |  |
| **5** | **INSTITUTION NAME & ADDRESS** |  |
| **6** | **APPLYING FOR REQUEST\***  **(PROOF IF AVAILABLE)** |  |
| **7** | **WHY IS THIS REQUEST IMPORTANT:** |  |
|  | **I HERE BY DECLARE ALL DETAILS PROVIDED ARE TRUE AND VALID AND DO PROVIDE THEM WITH MY CONSENT.** | |