



# KAINKARYA CHARITABLE TRUST

Flat F1, SREYAS, Plot 76, Second Street,  
Balaji Nagar, Alwarthiru Nagar,  
Chennai 600087. Tamil Nadu

Mob: +91 96000 87618  
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Application No.

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## REQUEST FOR AID FOR LAST RITES

### Details of the Deceased

1. Name of the Deceased:	
2. Date of Death:	
3. Gender:	( ) Male ( ) Female ( ) Other
4. *Aadhaar Number:	
5. Cause of Death:	
6. Name of the Doctor or Hospital Certifying the Death:	

### Details of Aid Recipient

1. Name of the Applicant/Kin:	
2. Relationship to the Deceased:	
3. *Aadhaar Number:	
4. Occupation:	
5. Annual Income:	Rs.
6. Contact Details:	Mobile:
	Email :

### Details of Aid

1. Amount Required:	Rs.
2. Break Up of Requested Amount:	i. ii. iii. iv.

### Details of Payment

1. ( ) Cheque	Favouring:
2. ( ) *Bank Transfer	Bank Name: Branch: Account Number: IFSC:

\*Attach Copies

I, \_\_\_\_\_ hereby confirm that the details provided above are correct and true to my knowledge.  
I enclose the required documents as listed below for your favorable consideration.

Date :

Signature of the Kin/Applicant

For Office Use

	Approved By
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### Documents Required:

1. Aid Requisition Letter ( )	4. Doctor Certificate ( )
2. Aadhaar Copy of Deceased ( )	5. Bank Pass Book First Page ( )
3. Aadhaar Copy of Kin/Applicant ( )	6. Expenses Details ( )