



KAINKARYA CHARITABLE TRUST

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

Mob: +91 96000 87618
Email: kainkaryatrust@gmail.com

Application No:

E

REQUEST FOR AID FOR EDUCATION

Beneficiary Details

1. Name of the Beneficiary:	
2. Date of Birth:	
3. Gender:	() Male () Female () Other
4. *Aadhaar Number:	
5. Class/Course Studying:	
6. Name of the Institution and Address:	
7. Institution Roll Number:	

Parent/Guardian Details

1. Name of the Parent/Guardian:	
2. Residential Address:	
3. *Aadhaar Number	
4. Occupation Details	
5. Annual Income	
6. No. of Dependents	Adult: Children:
7. Contact Details	Mobile : Email :

Aid Details

1. Amount Required:	Rs.
2. Term Details	

Payment Details

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 Beneficiary

Signature of the Parent/Guardian

For Office Use

	Approved by
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Documents Required:

1. Aid Requisition Letter ()	5. Institution Fee Details ()
2. Aadhaar Copies ()	6. Mark Sheets of Class X, XII and other previous qualification(s) ()
3. Institution Id Card ()	7. Bank Passbook First page ()
4. Institution Bonafide Certificate ()	