

THE LAKSHYA FOUNDATION

VERIFICATION FORM

APPLICATION FORM NUMBER:

APPLICANT NAME: ADDRESS:	CONTACT NUMBERS 1. STUDENT: 2. PARENT/GUARDIAN:
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DATE OF VISIT:

VOLUNTEER DETAILS

NAME OF VOLUNTEER:

CONTACT NUMBER:

ROLL NUMBER:

BRANCH:

VOLUNTEER FEEDBACK:

S.NO	NAME	RELATION	EDUCATION	OCCUPATION	ANNUAL INCOME	✓/✗

REMARKS:

RECOMMENDATIONS:

VOLUNTEER'S SIGNATURE