



Shop No 3, Ground Floor, Roge Cottage,  
67/69, Veer Savarkar Marg, Mahim West,  
Mumbai - 400016, Maharashtra

## APPLICATION AID FORM

Application Form No:

Date:

Applicant  
Photo

### Applicant Basic Details

Salutation	First Name	Middle Name	Last Name
Date of Birth	Gender	Marital Status	Nationality:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	
PAN:	Aadhaar Number:	Phone Number	Alternate Phone Number
Email Address			
Address:			
City	Zip code	State	Country

### Financial Background

Employment Status	<input type="checkbox"/> Employed	No of Dependents	Do you file an IT return	Any Existing Debts
	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Self-Employed			
	<input type="checkbox"/> Retired			
Monthly Income		Monthly Expense		
Please provide a breakdown of your monthly income and expenses, and details of existing debt:				
Monthly Income Details.		Monthly Expenses Details / Details of Existing Debt		
Do you have a Credit Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to Access CIBIL Score	<input type="checkbox"/> Yes <input type="checkbox"/> No	



<b>Financial Aid</b>	(Only Fill in Details if the Type of Aid Required is Financial Aid.)
Purpose of Financial Aid	<input type="checkbox"/> Buying a House <input type="checkbox"/> Paying Rent <input type="checkbox"/> Ration & Daily Essentials <input type="checkbox"/> Clearing Debts <input type="checkbox"/> Business Support <input type="checkbox"/> Others

<b>Medical Aid</b>	(Only Fill in Details if the Type of Aid Required is Medical Aid.)	
Purpose of Medical Aid	<input type="checkbox"/> Medicine Purchase <input type="checkbox"/> Medical Device/Equipment <input type="checkbox"/> Testing & Diagnostics <input type="checkbox"/> Surgery <input type="checkbox"/> Specialised Treatment <input type="checkbox"/> Hospitalization Cost	
Hospital/Nursing/Diagnostic Center Name	Doctor's Name	
Diagnostics/Surgery/Treatment Type Details	Diagnostic/Treatment Estimate/Cost Breakdown	
Treatment Days/Duration	Prescription for Medicine / Device	

<b>Educational Aid</b>	(Only Fill in Details if the Type of Aid Required is Educational Aid.)	
Institute Name	Course/Program Name	
Course/Tuition Fees Cost Breakdown	Current Educational Qualification	

Documents Checklist	
<b>Required Identity Proof</b>	<input type="checkbox"/> Passport-size Photograph <input type="checkbox"/> Aadhaar Card / Voter ID <input type="checkbox"/> PAN Card Copy
<b>Required Address Proof</b>	<input type="checkbox"/> Electricity Bill <input type="checkbox"/> L&L/Rent Agreement (if renting) <input type="checkbox"/> Owner's NOC* (*Required if Name is Different on the Electricity Bill and L&L Agreement is N/A)
<b>Aid Support Documents</b>	<input type="checkbox"/> <u>For Financial Aid</u> : Relevant Document for the Type of Financial Aid <input type="checkbox"/> <u>For Medical Aid</u> : Medical Cost Certificate from Hospital <input type="checkbox"/> <u>For Educational Aid</u> : Education Fees, Instruction/Brochure from the Institution
<b>Bank Verification</b>	<input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Bank Passbook Copy
<b>Aid Utilization Proof</b>	<input type="checkbox"/> Invoice/Bill <input type="checkbox"/> Receipt from the Institute with Applicant/Beneficiary Details

Bank Details			
Preferred Payment Method	Bank Name	Bank Branch	IFSC Code
<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Bank Transfer			
In Favor of / Account Name:		Account Number	

Declaration, Consent & Authorisation.
<input type="checkbox"/> I declare that the above information is true and accurate. <input type="checkbox"/> I consent to the verification of details by the Graceful Living Foundation. <input type="checkbox"/> I authorize the Graceful Living Foundation to access my CIBIL score for financial assessment. <input type="checkbox"/> I understand that Acceptance of my Aid Application Form does not guarantee the aid. <input type="checkbox"/> I also understand that an incomplete Aid Application Form will not be processed even if it's submitted.
<b>Applicant Signature/Thumb Impression</b>

For Office Use Only			
Application Form No.		Application Date:	
Referred/Recommended by:		Total Amount Required:	
Aid Type: <input type="checkbox"/> Financial <input type="checkbox"/> Medical <input type="checkbox"/> Educational <input type="checkbox"/> General		Other Aids Received:	
<b>Verification Details</b> <input type="checkbox"/> Document Checklist Fulfilled <input type="checkbox"/> Case Authenticity Verified <input type="checkbox"/> Financial Background Verified <input type="checkbox"/> Bank Details Verified <input type="checkbox"/> Declaration / Consent Signed	Verified by:	Self Contribution:	
	Verifier's Signature	Grant Amount:	
		<b>Approval by</b>	
		Release Date:	
<b>Notes &amp; Remarks</b>		Approver's Sign:	
		<b>Disbursement Detail</b>	
		Disbursement Date:	
		Bank UTR/Ref No:	