**** RGUKT - HELPING HANDS

**Nuzvid Campus, Nuzvid-521202, Krishna Dist.**

Email Id: helpinghands.rgukt@gmail.com

Ref. No: Date:

**APPLICATION FORM**

Name : Gender: M / F ID:

Branch: Class: Year:

Type of Need: Medical, Travelling Allowance, Daily need charges, Tricycle maintenance, washing machine maintenance, Any other

Please describe your concern in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant

Class Representative Class Representative Class Representative

(ID :\_\_\_\_\_\_\_\_\_\_\_\_) (ID :\_\_\_\_\_\_\_\_\_\_\_\_) (ID :\_\_\_\_\_\_\_\_\_\_\_\_)

Cluster/Floor/Branch Representative E.C Member

(ID :\_\_\_\_\_\_\_\_\_\_\_\_) (ID :\_\_\_\_\_\_\_\_\_\_\_\_)

Approving Authority Finance Dept.

**[Note:** *Photo copies of necessary document to be attached with this application otherwise it may get rejected.***]**