

 THINNAI FOUNDATION	Beneficiary Evaluation Form
	Registered Under Indian Trust Act, 1882 for Public Social Welfare, Reg.No 10/2019 Reg. Office: 28/25A, Main Road, Kannitamilnadu, Kurinjipadi Taluk, Cuddalore District, Tamilnadu, India, 607302. Contact: +1(804)-503-5151 / Email: thinnafoundation@gmail.com

I. GENERAL INFORMATION

Beneficiary Full Name*: _____

Data Of Birth*: _____ Age: _____ Gender: _____

II. EVALUATOR INFORMATION

Evaluate Name*: _____ Volunteer ID*: _____ Date*: _____

Place : _____

Evaluation Questionnaire	Yes (3)	No (1)	N/A	Comments
1. Is applicant is orphan?. If yes, maternal orphan / paternal orphan/double orphan.				
2. Is applicant is Physically Challenged?				
3. Is applicant parents are former / daily wages worker? Daily Minimum Rs 150 Monthly Rs.2500				
4. Is applicant applied for any existing state or central government scheme?				
5. Is applicant received any outstanding awards in Co-curricular / Extra-curricular activities / Sports?				
6. Is applicant first generation school going / graduate in his/her whole family?				
7. How applicant commute to school/college? Is he using government provided bicycle or bus passes ?				
8. Any of the applicant family members have life threatening health problem? Such as HIV ,Cancer, Cardiovascular Diseases etc.				
9. Is applicant have any school/college principals reference letter? If not, will applicant able to approach and get the reference letter in future?				
10. Is applicant currently studying in Government School / College				

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What type of help/service is applicant seeking from Thinnai Foundation. Choose the below check-box,

- ☐ Support to continue Education
 ☐ Others
- ☐ Support to develop Extracurricular
- ☐ Special Case



Volunteer ID: _____

Volunteer Signature: _____