
 THINNAI FOUNDATION	<h2 style="margin: 0;">Beneficiary Registration Form</h2> <p style="font-size: small; margin: 0;">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: thinnaifoundation@gmail.com</p>
<h3 style="margin: 0;">I. GENERAL INFORMATION</h3> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Full Name*: _____</p> <p>Data Of Birth*: _____ Age: _____</p> <p>Gender: _____</p> <p>Father/Guardian Name: _____</p> <p>Father Occupation: _____</p> <p>Mother Name: _____</p> <p>Mother Occupation: _____</p> <p>Contact Number*: _____ Email: _____</p> <p>Home Address*: _____</p> <p>Village/Town/City: _____ State: _____ PIN: _____</p> </div> <div style="width: 30%; border: 1px solid black; padding: 5px; text-align: center;"> <p><i>Affix Beneficirary recent passport Size photo- Mandatory</i></p> </div> </div>	
<h3 style="margin: 0;">II. EDUCATION DETAILS</h3> <p>Highest Education*: _____ <input type="checkbox"/> Completed <input type="checkbox"/> In-Progress</p> <p>School / College Name: _____ <input type="checkbox"/> In-Complete</p> <p>Class/Degree Name: _____</p> <p>School / College Address*: _____</p> <p>Village/Town/City: _____ State: _____ PIN: _____</p>	
<h3 style="margin: 0;">III. REFERRED BY</h3> <p>School / College Name: _____ <input type="checkbox"/> Self</p> <p>Principal / HM / Volunteer Name: _____</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Maternal Orphan</p> <p><input type="checkbox"/> Paternal Orphan</p> <p><input type="checkbox"/> Double - Orphan</p> </div> <div> <p><input type="checkbox"/> Physically Challenged</p> <p><input type="checkbox"/> Mother - Deceased</p> <p><input type="checkbox"/> Others</p> </div> </div> <p style="font-size: x-small;">I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand application will be rejected without any proper communication.</p> <p>Signature of Beneficiary: _____ Date: _____</p>	
<p><----- Thinnai Foundation - Office Use -----></p>	
<div style="display: flex; justify-content: space-between;"> <div> <p>Application Received On: _____</p> <p>Status:</p> <div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Unable to Progress</p> </div> <div> <p><input type="checkbox"/> Waiting for Other Approvals</p> <p><input type="checkbox"/> Rejected</p> </div> <div> <p><input type="checkbox"/> Hold</p> </div> </div> </div> <div style="width: 30%;"> <p>Note:</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>Volunteer ID: _____</p> <p>Volunteer Signature: _____</p> </div> <div style="text-align: right; margin-top: 20px;">  </div>	