



Mob. : 76666 64866  
98207 80581  
80806 34240

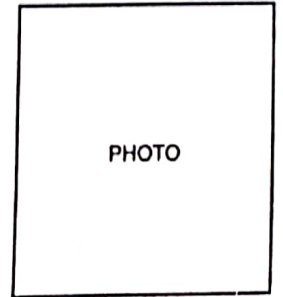
## CHARITABLE TRUST

Societies Registration Act. 1860 Maharashtra State, Mumbai, 3736 2010, G.B.B.S.D.  
B-26/9, Sardar Nagar No-2, Opp. Dr. Keny's Clinic, Raoli Camp, Sion (East), Mumbai - 400 022.

### APPLICATION FORM FOR SOCIAL HELP

TO WHOM SO EVER IT MAY CONCERN

(PLEASE FILL ALL THE INFORMATION IN CAPITAL LETTERS)



NAME : .....

AGE : ..... SEX : .....

ADDRESS : .....

.....

.....

TEL : ..... MOBILE : .....

EMAIL : .....

OCCUPATION : .....

TOTAL FAMILY MEMBERS : .....

GROSS MONTHLY FAMILY INCOME : ₹ .....

APPLICATION PURPOSE : .....

.....

REFERENCE : .....

(HOW DID YOU CAME TO KNOW ABOUT  )

- I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT.
- THE APPLICATION IS CANCELLED IF ANY OF THE ABOVE INFORMATION FOUND INCORRECT.
- V CARE CHARITABLE TRUST RESERVES ALL THE RIGHT TO ACCEPT OR CANCEL THE APPLICATION.
- I ABIDE BY THE DECISION OF THE TRUST.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
SIGNATURE