



Crescent Educational & Charitable Trust

Crescent Bhavan .Registartion No:49/BK4/2010.Kalingarajapuram, Kanjampuram.Post. Pin 629154

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APPLICATION FORM

Case No:

Application form for Seeking Financial/Economic/Social/medical/Hadiya/Sadaqa.

Personal information:

Name of the applicant :-----

Father's Name :-----

Age &DOB :-----/-----/-----/-----/

Address for communication

Local address :-----

Phone No : Home :----- mobile:-----

Marital status : married single widow Divorced

Legally Separated informally separated

Phone No : Emergency call: _____

Purpose of application:-----

Have you received assistance from or applied to other sources ? Yes No:

Declaration by the Applicant

This is to state that the information mentioned above is correct as per my knowledge and belief. If the information provided above is found to be incorrect. I will be held liable for all the consequences.

Date : _____

Place _____

Signature of the Applicant

Declaration / certificate form the Association/Jamath/ Board/Mahal Comitte /Devesam Board/Church Committee / kovil or community smithy/ any society .

The above stated information provided by Mr/Ms. _____ s/o .D/O . W/o _____ is correct as per my/our knowledge , you may can process her/his request.

Date :

Place :

Signature with Seal

For Office use only

Verified by----- Date of verification: -----

Evaluated by: ----- Date of Evaluation: -----

Approved by: ----- Date of approval: -----

Amount sanctioned: **Rs.** Name of the Account: -----

Signature of the Chairman with Seal

Cheque No: _____

Payment Voucher

Name : _____

Amount :(words) ----- **Rs.** paid for

the purpose : _____.

Chairman

Administrative officer

Finance officer