



**SRIMATHE RAMANUJAYA NAMA: SRIMATH VARAVAMUNAYE NAMA:**  
**KINCHITKARAM TRUST**

Old No. 6, Bheemasena Garden Street, Mylapore, Chennai – 4, PHONE: 044-24992728.

**“GYANAKAITHAA”**  
**(ASISSTANCE FOR EDUCATION TO ECONOMICALLY WEAKER STUDENTS)**  
**APPLICATION**

<b>PERSONAL INFORMATION</b>		
Name of Student	:	
Contact No of Student (if available)	:	
Email of Student (if available)	:	
Age/ Date of Birth of Student	:	
Permanent Address	:	
Present Address	:	
Name of Father/ Mother/ Guardian	:	
Contact No of Father/ Mother/ Guardian	:	
Email of Father/ Mother/ Guardian (if available)	:	
Aadhaar/ Family Card Number of Student (or) Father/ Mother/ Guardian	:	
No. of Sibilings	:	
Occupation of Father/ Mother/ Guardian	:	
Annual Income of the family	:	
<b>EDUCATION INFORMATION</b>		
Completed School standard/ UG year (or) Semester	:	
Name of School (or) College	:	
Percentage of marks obtained (Attach certified mark sheet)	:	

Joining Education Type (School/ College Education)	:	
Joining in standard/ Year (or) Semester of U.G course	:	
Joining/ studying Name of School (or) College	:	
Annual fees (Attach school/ college admission letter & fees demand certificate)	:	
<b><u>REFERRED BY:</u></b>	:	
Name of Volunteer/MEMBER/ Archagar/ Bagavathar		
Contact No:		
Signature:		

**Attachments:** Aadhaar card/ Family card/ Mark sheet (passed)/ school-college admission letter/ Demand for fees.

**Declaration** - I affirm that the information given above is true. I agree that it is the sole discretion of the Trust to grant or not grant the aid and the decision of the Trust will be final and I will abide by the same. I undertake that aid will be used only for educational purpose and fee receipt will be submitted in 15 days showing the use of aid.

**Amount may be issued in the form of**

Cheque drawn in favour of ..... (OR)

Transferred to Name: ..... in account no:  
 ...../ IFSC: ...../ BANK:  
 ...../ BRANCH: .....

**SIGNATURE OF STUDENT/  
 FATHER/ MOTHER/ GUARDIAN.**