

| Fund Request form   |                                     |                             |                             |  |  |
|---|-------------------------------------|-----------------------------|-----------------------------|--|--|
| Date:   |                                     | Form Number:                |                             |  |  |
| Personal details  |                                     |                             |                             |  |  |
| Sex: Male Female  | PAN Number:                         | Date of Birth               | n (Date/Month/Year)         |  |  |
| First Name:   |                                     | Last name                   |                             |  |  |
| Address:  |                                     |                             |                             |  |  |
| City:   | State:                              | 1                           | Code:                       |  |  |
| Phone Number:   |                                     | Email ID:                   | Email ID:                   |  |  |
| Education and academic de   | tails                               |                             |                             |  |  |
| SSLC. HSC Under   | Graduate Post Graduate              | Polytechnic 🗌 Other         |                             |  |  |
| Brief description of educa  | tional back ground:                 |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
| For others without any educat   | ional back ground, Please provide a | s much information to valid | ate your request for funds: |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
| Family and Employment inf   | ormation of parents: (please pr     |                             |                             |  |  |
|   | Father                              | Mother                      | Guardian                    |  |  |
| Name:   |                                     |                             |                             |  |  |
| Occupation:   |                                     |                             |                             |  |  |
| Employer Name:  |                                     |                             |                             |  |  |
| Monthly Income:   |                                     |                             |                             |  |  |
| Address:  |                                     |                             |                             |  |  |
| Fund information (please p  | rovide as much information ava      | ilable)                     |                             |  |  |
|   | t: (amount in Indian Rupees)        |                             |                             |  |  |
| In words:   |                                     |                             |                             |  |  |
| Provide brief description for the purpose of the fund and why do you need the fund? |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |
|   |                                     |                             |                             |  |  |



# Have you received MADF Trust Fund in the past? Yes (If Yes, provide Reference #) How did you come to know about MADF?

No

### References: (Do not list relatives)

| Name | Occupation | Telephone<br>Number | Email ID |  |
|------|------------|---------------------|----------|--|
|      |            |                     |          |  |
|      |            |                     |          |  |
|      |            |                     |          |  |

### Notes:

If approved, you are required to provide the following:

- Bank details
- Details on how the fund will be used
- Copy of the relevant educational certificates, degrees, and diplomas

# DECLARATION

I declare that the facts set forth above in the request form are true and complete.

I further affirm that if I receive any form of support from the Trust, I will repay the Trust at least to the extent of support received upon securing a means of livelihood. I understand that this help the Trust to assist the Trust in alleviating poverty for other deserving candidates.

| Signature | Place | Date |
|-----------|-------|------|

Email completed application form and supporting documents to: admin@madftrust.org

#### Mail the original documents to the address on this letterhead.



| For office use only   |                     |  |  |  |
|---|---------------------|--|--|--|
| Date Received:  | Received by:        |  |  |  |
| Describe how the information was verified:  | Reference Check by: |  |  |  |
| Which Volunteer or Committee member will assure the veracity of the applicant and also conduct ongoing monitoring to ensure progress update is provided to the Trust? |                     |  |  |  |
| Scheduled for Trust Committee meeting to be held on:  |                     |  |  |  |
| Committee's Decision:   |                     |  |  |  |
| Provide details on how support was provided on and attach evidence of support:  |                     |  |  |  |
| Updates on use monitoring:  |                     |  |  |  |