

SAKSHAMBHARAT CHARITABLE & EDUCATION SOCIETY



Regn No.....

Details of Beneficiary

Enrollment Application Form

Name		Photo		Ca	Categories/ Class/Level		Name of institute	nstitute
				Education	'n			
				Sports			An investigation and an experience of the state of the st	
				Other Activities	tivities			
Parents/Guardian Details	tails							
Relationship	Name, Mr/Mrs		Contact number		Residential Address/ Aadhar Number	CONTROL OF	Occupation	Monthly Income
Mother								
Father								
Guardian/Others								
Signature of the Parents/Guardian	nts/Guardian							
Bank Details of the beneficiary	eneficiary							
Account Name						Sponsored By		
Name of bank						Name		
Branch address						Contact No.		
Account number						E-mail		
IFSC Code						Amount paid to	Trust/Benefi	Trust/Beneficiary Account
Progress Report								
Period	Education	Sports	Other Activities	ivities	Remarks by teacher/coach	r/coach	Trust Comments	ments
July-Sept.								
OctDec.								
Jan-March								
April-June								
Progress intimation to Sponsor through:	Sponsor through:	Mobile/E	Mobile/Email/Whatsapp					

Signature of Principal

Signature of Trustee

Dated