

# PEROWSHA DHUNJISHAW BOLTON CHARITIES

Regn. No. E-2028 (Bom), 13<sup>th</sup> September 1960

## APPLICATION FORM

PEROWSHA.W DHUNJISHAW  
BOLTON CHARITIES

502-B, POONAM CHAMBERS,  
A WING, SHIVSAGAR ESTATE,  
DR. ANNIE BESANT ROAD, WORLI  
MUMBAI - 400 018.



PLEASE FILL IN THIS FORM USING BLOCK LETTERS ONLY

1. FULL NAME OF THE APPLICANT:

Age:  
Sex : Male / Female.  
Educational Qualification :

2. RESIDENTIAL ADDRESS & TELEPHONE NO. / MOBILE NO.  
Approx. Carpet Area of the Premises :

3. WHETHER HOUSE IS OWNED OR ON RENT:

4. NAME, ADDRESS & TELEPHONE NO. / OF THE APPLICANTS EMPLOYER

Designation :  
Years in Service :  
Gross Monthly Income :  
Your Savings A/c No. :  
Bank Name & Branch :

5. DETAILS OF FAMILY MEMBERS (BLOOD RELATION) RESIDING WITH YOU  
Also indicate the monthly income of other members of your family (Father, Mother, Brother, Sister, etc.)

Aadhhar No	Name	Age	Sex	Relationship	Name, Adds of the employer	Gross Income

6. PARTICULARS OF DONATIONS RECEIVED/EXPECTED, FROM OTHER CHARITABLE TRUSTS

Please indicate clearly whether a donation is on a recurring basis, or a one-time lump sum payments.

No.	Name, Address, Tel no. of the donor/trust	Date of Receipt	Donation Amount

7. BREAK-UP OF MAJOR ITEMS OF MONTHLY EXPENDITURE

Also indicate expenditure recently Incurred for medical treatment, medication, tests, etc.

Description	Amount	Description	Amount
Food		Medical	
Electricity		Others	
Rent		Own two wheeler (yes / no )	

Total Average Monthly Expenditure: Rs. \_\_\_\_\_

8.

HAVE YOU OR A MEMBER OF YOUR FAMILY EVER RECEIVED ANY FINANCIAL AID FROM THIS TRUST IN THE PAST ?	YES / NO
IF YES, MENTION THE AMOUNT AND DATE	

9. SELECT AND BRIEFLY MENTION THE NATURE OF YOUR REQUIREMENT AND THE CIRCUMSTANCES FOR SEEKING FINANCIAL AID

MEDICAL / EDUCATION / RELIEF OF POVERTY (Select any one)

10. REFERENCES:-

Name
Address
Telephone No. / Mobile No.
Doctor/Principal:
Remarks, if any
Signature <b>For education aid signature of the principal/authority of the institution</b> <b>For medical aid signature of the doctor/hospital authority with a rubber stamp.</b>

11. DECLARATION

I hereby declare that all the information given by me in this Application Form is entirely true to the best of my knowledge and belief.

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NOTE :

1. Application Forms which are incomplete shall not be considered for any Aid.
2. All financial aid, as sanctioned by the Trustees, shall be disbursed through "Account Payee" cheques only. Under no circumstances shall any

payment be made to the applicant in cash.

3. Where Medical Aid is sanctioned, "Account Payee" cheques shall be issued only in the name of the applicant.

4. Where Medical Aid is sanctioned, the applicant shall be required to submit the original bills and receipts to the Trust Secretary for the purpose of affixing the Trusts Rubber Stamp thereon.

5. The Trustees may, at their discretion, request the applicant to produce the original of any document for verification.

6. All applications must have photocopies of the following documents:

a) Ration Card

b) Rent Receipt

c) Salary Certificate or a recent Pay Slip of every earning member of the family.

d) Copy of the Bank Passbook or Statement for the last 1 year.

e) Aadhar card copy of applicant and family members.

f) Applicant result/certificate and Fee details (for Education Aid).

7. In addition to the above aforementioned documents, all applicants seeking MEDICAL AID must provide the following documents along with photocopies and originals:

a) Doctor's Certificate & Prescription

b) Hospital & Pharmacy Bills

c) Medical Reports

d) Attach admit card and discharge card in case of hospitalization.

8. In the case of the Relief of Poverty application photocopies of the following documents are required

a) Ration Card

b) Aadhar Card

c) Annual income

d) Passbook

**FOR OFFICE USE ONLY**

FORM NO.

1. FORM RECEIVED ON :
2. AMOUNT SANCTIONED :
3. DATE OF SANCTION :
4. PAYMENT MADE IN FAVOUR OF:
5. PARTICULARS OF PAYMENT -
  - a) Cheque No. :
  - b) Date :
  - c) Bank :
6. TRUSTEES APPROVAL:
7. NATURE OF AID: