



The Mandayam Srivaishnava Sabha ^(R)

Sri Yadugiri Yathiraja Mutt Building, #198, 11th Cross, Sampige Road, Malleswaram, Bangalore 560003

Website: www.mandayamsabha.in

Email: Srivaishnava.mandayam@gmail.com

Tel: 080 41535970

APPLICATION FOR EDUCATIONAL ASSISTANCE

{Form B}

(Only for the Members of the Sabha and their children, incomplete application is liable for rejection)

Stamp
size
Photo

1. Name:in Full:

2. Gender: M F 3. Gothram: 4. Family Name:

5. Date of Birth(DD/MM/YYYY): / / Sabha Memb. No.:

6. Father's Name in full:

7. Mother's Name in full:

8. Address: Door No.: City:

Street: State:

Area: Pin:

9. Email: 10. Mobile No.:

11. Land Line No.:

12. a. Financial Status (Income from all sources): i. Father's/Guardian's Rs. ii. Mother's Rs.

iii. Any other Source Rs. iv. Total Annual Income from all sources Rs.

b. Family Status: Number of Dependents: Male Female

13. Educational Status (Ascending from current to previous)

Sl	Secondary Board/University	Class/Graduation	Total Marks Obtained	Percentage/Distinction

NOTE: ATTACH TRUE COPY OF MARKS SHEET

14. If you have received any Educational Assistance earlier (State the amount):

i. From Sabha ii. From any other source

15. Extra Curricular Activities (Sports, Cultural etc.)

NOTE: Please fill in all the columns. In Capitals

Applicant's Signature

For Office Use Only:

Application Received Date:

Amount sanctioned:

If rejected reason:

Approved by

Received the Amount

**Name & Signature of
Sanctioning Authority**

Applicant's Signature