APPLICATION FORM

The Trustees
Suresh Chhaganlal Jain (Palvia) Foundation
2101, Polaris, Vasant Galaxy, Bangur Nagar,
Goregaon (West), Mumbai 400104

Paste Photograph

Requests for Educational / Medical / Other (specify)**……. aid of Rs. …….**

Name of the applicant:…..…….……Family annual income: Rs: ……..…

Address of the applicant: ……

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Photographs of Student / Patient: To be pasted on this application form

References/ Recommended by: ……Contact No:.……Signature:……..

Contact details of Applicant/Guardian Tel **No.** …….. **Email ID:** …….

EDUCATIONAL OBJECTIVES: (please enclose all latest result copy and fee receipts)

Name of the student: ……. STD: …… Fee Amount:……

Age:……..Relation with applicant: …….

Name of School/College: ……

Name of the student: …… STD: …… Fee Amount:……..

Age:……..Relation with applicant: …… ……

Name of School/College: ……

MEDICAL OBJECTS: (please enclose all related medical documents / Original bills etc.)

Name of the Patient : …… Age: …… Amount spent:……

Relation with applicant: …… illness / treatment: ……..

Name and address of hospital:…… ……

Name and address of family Doctor:…… ……..…

OTHER OBJECTS: - (please describe the nature of aid required and submit necessary documents)

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……..

Mumbai

Dated ……

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Signature of the Applicant