



**TRUST REGISTRATION FORM**  
(For Seeking Donations & CSR Funds)

**Trust Details:**

Trust Name: \_\_\_\_\_  
Registration No.: \_\_\_\_\_  
Date of Establishment: \_\_\_\_\_  
Registered Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Website (if any): \_\_\_\_\_

**Trust Objectives & Mission Statement:**

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**Key Trustees & Contact Persons:**

1. Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Details for Donations:**

Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
IFSC Code: \_\_\_\_\_  
PAN No. / 80G / 12A Registration Details (if applicable):  
\_\_\_\_\_

**Project Details for Seeking Donations / CSR Funds:**

1. Project Name: \_\_\_\_\_  
Project Objective: \_\_\_\_\_  
Target Beneficiaries: \_\_\_\_\_  
Project Duration: \_\_\_\_\_  
Total Budget Required (INR): \_\_\_\_\_



2. **Project Name:** \_\_\_\_\_  
**Project Objective:** \_\_\_\_\_

3. \_\_\_\_\_  
**Target Beneficiaries:** \_\_\_\_\_  
**Project Duration:** \_\_\_\_\_

4. **Total Budget Required (INR):** \_\_\_\_\_

**Mode of Fund Utilization & Transparency Measures:**

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**Declaration:**

I, **(Name of Authorized Person)**, on behalf of **(Trust Name)**, hereby declare that the above information is true and correct to the best of my knowledge. The funds received will be utilized solely for the stated purpose, and we commit to maintaining transparency in fund utilization.

**Authorized Signatory:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Trust Seal & Signature**