PUBLIC CHARITABLE TRUST · BENGALURU

Swethagiri Education & Charitable Trust

Malleshwaram, Bengaluru
Phone / WhatsApp **+91 74837 54639** · Email **swethagiri.ec.trust@gmail.com**

Paste a recent passport-size photograph

Sign across the photo

APPLICATION FOR ASSISTANCE

EDUCATION · MEDICAL · FOOD · LIVELIHOOD · ELDERLY & DISABLED · RELIEF

Please read before filling in this form

1. The Trust helps deserving people with education, medical treatment, food, livelihood, care of the elderly, widows and persons with disabilities, and calamity relief, without distinction of nationality, religion, caste, class, creed or sex.
2. Write in BLOCK LETTERS. Write "NA" where something does not apply. Fill in Section 4 only for education help and Section 5 only for medical help.
3. Attach self-attested photocopies (not originals) of the documents listed in Section 9.
4. Send clear photos or a scan of the completed form and each document on WhatsApp to **+91 74837 54639** or by email to **swethagiri.ec.trust@gmail.com**.
5. The Board of Trustees considers every application and its decision is final. Applying does not guarantee help.
6. Where possible, the Trust pays the school, college, hospital or supplier directly.
7. **This form is free.** Nobody is authorised to charge money for it or to promise help on the Trust's behalf.

Required with every application: ID proof, address proof, the applicant's caste certificate, and income proof for each family member living with the applicant. **For education help, also:** the marks card of the applicant's highest qualification.

1 TYPE OF HELP NEEDED

Tick all that apply

- ☐ Education (fees, books, uniform, scholarship)
- ☐ Medical treatment / medicines
- ☐ Food / ration
- ☐ Support for an elderly or destitute person
- ☐ Support for a person with disability
- ☐ Support for a widow
- ☐ Livelihood / self-employment
- ☐ Relief after flood, fire, accident or other calamity
- ☐ Other: _____

2 APPLICANT DETAILS

The person who needs help

Full name _____

Father's / Mother's / Husband's name _____

Date of birth D D M M Y Y Y Y Age _____ Gender ☐ Male ☐ Female ☐ Other

Marital status ☐ Unmarried ☐ Married ☐ Widowed ☐ Separated / Divorced

Religion _____ Caste _____ Caste certificate No. _____

Category ☐ SC ☐ ST ☐ OBC / Backward class ☐ General ☐ Other _____ *Attach the caste certificate*

Home address _____

_____ PIN _____

Mobile _____ WhatsApp, if different _____

Email (if any) _____

ID proof ☐ Aadhaar ☐ Voter ID ☐ Ration card ☐ Other ID number _____

Ration card ☐ Antyodaya (AAY) ☐ BPL / Priority household ☐ APL ☐ No card

Disability ☐ No ☐ Yes Type _____ Percentage _____ %

If someone else is filling in this form for the applicant (for example, a parent for a child):

Your name _____ Relationship _____ Mobile _____

Applicant's name _____ Application No. _____

3 FAMILY AND INCOME

Everyone who lives with the applicant, including the applicant. Attach income proof for each person listed.

#	Name	Relationship	Age	Studying / Occupation	Monthly income ₹	Income proof attached
1						☐
2						☐
3						☐
4						☐
5						☐
6						☐
7						☐
8						☐

Total monthly family income ₹ _____ Number of earning members _____

House ☐ Own ☐ Rented — rent ₹ _____ a month ☐ Government / free housing ☐ Other _____

Help already received or applied for elsewhere (government scheme, scholarship, another trust) ☐ None

Scheme / organisation _____ Amount ₹ _____ ☐ Received ☐ Applied

4 EDUCATION DETAILS

Only if you need help for education. Attach the marks card of the applicant's highest qualification.

Name of school / college _____

Address of school / college _____

Class / course _____ Year / semester _____ Board / university _____

Highest qualification passed _____ Marks / grade _____ Year _____

Help needed for ☐ Tuition fees ☐ Exam fees ☐ Books & stationery ☐ Uniform ☐ Hostel / mess ☐ Travel to school / college ☐ Other _____

Total cost for this year ₹ _____ Amount the family can pay ₹ _____

5 MEDICAL DETAILS

Only if you need help for medical treatment

Illness / condition _____

Hospital name and address _____

Treating doctor _____ Hospital phone ☐☐☐☐☐☐☐☐☐☐☐☐

Treatment needed ☐ Surgery ☐ Hospital stay ☐ Medicines ☐ Tests / scans ☐ Other _____

Estimated total cost ₹ _____ Amount the family can pay ₹ _____

Covered by insurance or a government health scheme (e.g. Ayushman Bharat)? ☐ No ☐ Yes

If yes, name of insurance / scheme _____ Amount covered ₹ _____

Applicant's name _____ Application No. _____

6 WHY DO YOU NEED THIS HELP?

In your own words: your situation and how the help will be used. You may attach a separate sheet.

7 HOW SHOULD THE HELP BE PAID?

Tick one

☐ Directly to the school / college / hospital / supplier *(preferred)*

☐ Into a bank account ☐ By UPI — the applicant's own (a parent's or guardian's if under 18). Fill in below.

Account holder's name (as in the bank / UPI app) _____

Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank and branch _____ IFSC ☐☐☐☐☐☐☐☐☐☐☐

UPI ID _____ Mobile linked to UPI ☐☐☐☐☐☐☐☐☐☐

8 REFERENCE

Someone who knows you well and is not a relative — e.g. a teacher, doctor, employer or local community leader

Name _____ Occupation _____

Address _____

Mobile ☐☐☐☐☐☐☐☐☐☐ Has known the applicant for _____ years

I know the applicant personally. To the best of my knowledge, the details in this form are true.

Signature _____ Date _____

9 DOCUMENTS ATTACHED

Tick what you have attached (self-attested photocopies)

REQUIRED WITH EVERY APPLICATION

- ☐ ID proof (a masked Aadhaar is enough)
- ☐ Address proof
- ☐ Caste certificate of the applicant
- ☐ Income proof for each family member listed in Section 3 (salary slip, pension slip, income certificate or bank statement)

FOR MEDICAL HELP

- ☐ Doctor's prescription or medical report
- ☐ Cost estimate from the hospital

FOR EDUCATION HELP

- ☐ **Required:** marks card of the applicant's highest qualification
- ☐ Admission letter or bonafide certificate
- ☐ Fee structure or fee demand from the institution

IF APPLICABLE

- ☐ Bank passbook front page (if paid into a bank account)
- ☐ Disability certificate / UDID card
- ☐ Husband's death certificate (widows)
- ☐ Proof of loss (FIR, photos or official report)
- ☐ Other: _____

Applicant's name _____ Application No. _____

10 DECLARATION

I declare that:

1. The information in this form and in the attached documents is true and complete. If any of it is found to be false, my application may be rejected and I may be asked to return any help already given.
2. I allow the Trust to check these details, including by visiting my home and by contacting my school, college, hospital or reference.
3. I will use the help only for the purpose stated in this form, and I will give the Trust bills, receipts or other proof of use when asked.
4. I am not a trustee of the Trust, nor a relative of any trustee.
5. I understand that the Board of Trustees decides each application at its discretion, and that applying does not entitle me to receive help.
6. I agree that the Trust may keep and use my personal details only to process this application and to maintain its records.

		Place _____
Signature or left thumb impression of the applicant	Signature of parent / guardian (if the applicant is under 18)	Date _____

FOR OFFICE USE ONLY

Application No. _____ Received on _____ Received by _____

Documents ☐ Complete ☐ Incomplete — pending: _____

Verified by ☐ Home visit ☐ Phone ☐ Institution / hospital Name _____ Date _____

Remarks _____

Recommended amount ₹ _____ Trustees' decision ☐ Approved ☐ Not approved ☐ On hold

Amount sanctioned ₹ _____ Meeting / resolution date _____

Paid on _____ Mode ☐ Cheque ☐ Bank transfer ☐ UPI ☐ Direct to institution

Cheque No. / transaction ref. (UTR) _____ Amount paid ₹ _____

Trustee	Trustee	Chairman

✂ cut here and give this slip to the applicant

Swethagiri Education & Charitable Trust

ACKNOWLEDGEMENT

Received an application for assistance from _____

on (date) _____ Application No. _____ Signature & seal _____

Please keep this slip. To know the status of your application, call **+91 74837 54639** and quote your application number.