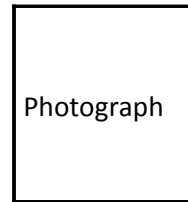


**BURHANI TRUST (A.P)**

G-1,Meghasri classic, Dwarakapuri Colony,  
Panjagutta, Hyderabad-5000082 (A.P), INDIA  
Phone: 040-23350018  
Email: burhanitrustap@yahoo.com



Date:

**APPLICATION FOR FINANCIAL ASSISTANCE**

**1. Applicants Name:**

Surname	First Name	Last Name	Age	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

a) E-mail

**2. Father's / Guardian's Name:**

**3. Occupation of Father / Guardian:**

**4. Loan / Aid Required For :**

a) School / College Fees(PI Specify)

b) Medical Expenses(PI Specify)

c) Other(PI Specify)

**5. Loan / Aid Amount Required (Rs):**

**6. If Loan / Aid Required For School/College Fees :**

a) Last Examination Passed

b) Present Course of Study

c) Name of School / College

d) Fee Structure

e) Amount of Loan/Aid received from Trust in past years

f) Scholarship Received /Receivable from other Trust (s)

g) Certificate from concerned Authority regarding fees payable

**7. If Loan / Aid Required For Medical Treatment :**

a) Nature of Illness / Surgery

b) Doctor's Certificate

**8. Family Background And Details Of Earning Members :**

S.No	Name of the Family Member	Relation	Age	Occupation	Income
1					
2					
3					
4					
5					

9. In case of Loan, repayment will be made on or before: DD MM YYYY

**10. I declare that the particulars given by me in the form are true:**

Applicants Signature  Address  
 Full Name    
 Date DD MM YYYY  
    
 Phone No

**11. In Case Of Loan, Pledge Two Guarantors :**

a) Full Name  b) Full Name   
 Full Address  Full Address   
 Telephone Number  Telephone Number   
 Signature  Signature

**12. Signature of Two(2) Trustees (Compulsory):**

a) Name  b) Name   
 Signature  Signature

**FOR OFFICE USE**

Aid/Loan Applied  Date Applied DD MM YYYY  
    
 Aid/Loan Sanctioned  Date Sanctioned DD MM YYYY  
    
 Operating Trustee