



APPLICATION FOR EMERGENCY ASSISTANCE FUND/SUPPORT

Form No. : AFF-03

Date : ____ / ____ / 20

Full name

Address

District State PIN Country

Date of Birth

Gender : Male / Female / Other

Email Id (M)

Highest Qualification

Detail of Family Member

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AADHAR CARD NO PAN NO

How much income do you currently receive annually from? Total annual Income

Government scheme Yours

Private pension scheme Family

Other Sources

Explanation, if needed

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Assistance requested for: (Check reasons why you are requesting the support)

☐ Medical Help ☐ Natural Disaster ☐ Education ☐ Livelihood ☐ Other

Explain

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Please provide backup information (eg. Invoices, medical bills, doctors certificates, tuition fee receipts etc.)

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Amount Requested (Please explain how much of amount you are requesting, last date of payment, and why)

Amount

Explanation.....

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DECLARATION

- I declare that to the best of my knowledge that the information I have provided in this request and in accompanying documents is complete and correct.
- I authorise Abhayudaan Foundation to obtain information concerning my request.
- I understand that if I am unable to provide proof of claims made in this request, Abhayudaan Foundation has the right to withdraw any offer of financial support.
- I understand that giving false or misleading information is a serious offence.
- I understand my request will be assessed based on the information I have provided and is subject to the availability of funds and not all applicants are necessarily awarded financial support.

☐ I accept this Declaration

Applicant Signature

Name and Signature of person assisting in completing this application (If Applicable)

Full Name

Email Id (M)

Relationship to applicant Signature

(Required only, In case of the requested amount is higher than Rs. 10,000.00)

Witness 1, Name

(M) Signature

Witness 1, Name

(M) Signature

Note: Witnesses are differing then the person who is assisting or family member

An applicant has to attach the necessary documents (Copy or Xerox) mentioned below

1. Identity Proof of Applicant and Witnesses (Aadhar Card, PAN Card, Voter ID)
2. Address Proof of Applicant and Witnesses (Aadhar Card, Electricity Bill)
3. Bank Statement of last 6 Months
4. In Incase of Medical Assistance (Medical Bill)
5. In Incase of Education Assistance (Recommendation letter from School or Institute authority)
6. Other Quote/pricing documentation to confirm the amount for the items requiring financial support
7. Passport size photo of Applicant and witnesses
8. If available, Other photos (This photos will help us review this application)

Along with the above attachments, send a scanned copy on our mail Id support@abhayudaan.org