

Application No: ARET



Ar Rahman Educational Trust

Education Above All

No 27, second cross street, Reddiyarpalayam, Kamban Nagar, Pondicherry 605 010

APPLICATION FOR FINANCIAL ASSISTANCE

Photo

1.Name of the Applicant :

2.Gender :Male/Female

3.Age & DOB :

4.Address :

5.Contact No./Email :

6.Father's Name :

7.Mother'sName :

8.No.of Family Members : Male_____ Female_____

9.Father's Occupation:

10.Family Income(Monthly):

11.Monthly Rent for House(R\$):

12.Fee Amount Term

Term II

Term III

13.Amount Expected :

14.Referred By/Contact No.:

15.Std./Course :

16.School/College :

17.Working Member Details

Name

Gender

Qualification:

DOB/Age :

Company :

Place/Country :

ContactNo.:

EmailId :

Signature of the Applicant:

Date:

Please attach the following details with this application

ID proof

Ration Card

Local Masjid Attestation

Mark Sheet

Fee Structure Detail Fee Amount Rs.

Last Date for Payment:

Student Aim in Detail:

FOR OFFICE USE ONLY

Family Eligible for Zakat Yes/No Family Eligible for Sadaqah: Yes/ No

Proposed Amount Rs. _____

Note: _____

I hereby declared that the above information verified by me is correct

Authorized Signatory

Date:

APPROVAL

Sanctioned Amount: Rs. _____ by DD/Cheque/Cash

(Words: _____)

Authorized Signatory with Date:

DECLINED

Reason for Declined:

Authorized Signatory with Date: