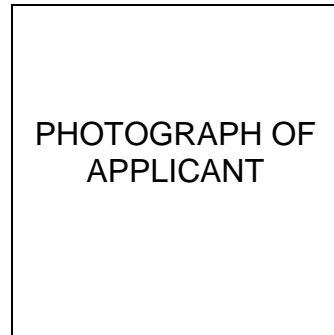


ABAN CARES
(A REGISTERED CHARITABLE TRUST)

“JANPRIYA CREST”
113, PANTHEON ROAD
EGMORE, CHENNAI 600 008

APPLICATION SEEKING FOR FINANCIAL ASSISTANCE



1. NAME :

2. FATHER'S / GUARDIAN'S NAME :

3. AGE :

4. SEX :

5. PRESENT ADDRESS :

6. PERMANENT ADDRESS :

7. CATEGORY : a) HEALTH b) EDUCATION c) OTHERS

8. REASONS FOR SEEKING HELP :

9. RECOMMENDED BY :

10. ANNUAL INCOME :

11. DETAILS OF FAMILY :

12. AMOUNT REQUIRED/REQUESTED :

13. SIGNATURE OF APPLICANT :

14. WORKING COMMITTEE : OBSERVATION / RECOMMENDATION :

15. TRUSTEES APPROVAL :

16. ENCLOSURES :

PAID BY CHEQUE NO. _____ DT. _____, _____ BANK,
CHENNAI