FORM

Father name:	Mother name:
	
Contact number:	Alternate number:
Neighbour name:	
Address:	
Weighbours nameer.	
DECL	ARATION OF PARENTS/ GUARDIAN
Dear Sir/ Madam,	
my/our knowledge. I/We a	In that the details mentioned in this form are true to the best of am/are responsible for the authenticity of the details and the wit this form. If any information contained in my application r improper, your organization has full right to take disciplinary /
I/We realize that this assist Fund and I/We have not ta the purpose without inform	ance is provided to me for my husband from Zakat/ Non-Zakat Iken loan or aid from any other Organization / Trust/ Jamat for ing authority.
I also declare that the given and for the reason mention	n funds will be exclusively used only for the mentioned purpose ed in the application.
e of the applicant:	
e of Parent/ Guardian:	Signature:
	Place: