



KAINKARYA CHARITABLE TRUST

Flat F1, "SREYAS" Plot 76, Second Street, Balaji Nagar,
Alwarthiru Nagar, Chennai-600087. Mobile : 89396 15903
E-mail : kainkaryatrust@gmail.com

Application No

L

APPLICATION - AID FOR LAST RITES

Details of the Deceased

1	Name of the Deceased		
2	Date of Death		Time
3	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
4	*Aadhaar Number		
5	Cause of Death		
6	Name of the Doctor (or) Hospital Certifying the Death		

Details of Aid Recipient

1	Name of the Applicant / Kin		
2	Relationship to the Deceased		
3	Address		
4	*Aadhaar Number		
5	Occupation		
6	Income	₹	
7	Contact Details	Mobile	
		E-mail	

Details of Aid

1	Amount Required	₹	
2	Break up of Requested Amount	i)	
		ii)	
		iii)	
		iv)	

Bank Details for Payment

Bank Name	Branch
Ac No	IFSC

I, _____ hereby confirm that the details provided above are correct and true to my knowledge.
I enclose the required documents, as listed below, for your favorable consideration.

Date : _____ Signature of the Kin / Applicant

For OFFICE USE ONLY

SANCTIONED AMOUNT : ₹. _____

Managing Trustee

Documents Required :

- | | | |
|---|--|--|
| <input type="checkbox"/> Aid Requisition Letter | <input type="checkbox"/> Aadhaar Copy of Deceased | <input type="checkbox"/> Aadhaar Copy of Kin / Applicant |
| <input type="checkbox"/> Doctor Certificate | <input type="checkbox"/> Bank Pass Book First Page Xerox | <input type="checkbox"/> Expenses Details. |