



# KSMURTHY FOUNDATION

## APPLICATION



Aadhar No : 5007 1176 2193  
Scheme : Pension  
Payment Type : Monthly  
Amount : 500/-

1. Applicant's Name : Konda Achamma
2. Father/Husband/Wife Name : Sonaswathi
3. Age : 81
4. Gender : Female
5. Sons' Names : 1) 2)  
3) 4)
6. Daughters' Names : 1) 2)  
3) 4)
7. Village : Harijanapeta
8. Address : 13-174 Harijanapeta  
Mogaltur, Ramannapalem.
9. Religion : Christian
10. Nationality : Indian

Declaration : I, being the above named candidate, declare that I have signed up to receive the donation. I declare that all the details I have disclosed are authentic which make me eligible for receiving the donation. I also promise that I would use the donation amount solely for the purpose stated by me.

K S Murthy Foundation

Authorized Signatory



Applicant Name

Signatory/Thumb

**Address:** MIG-1, Plot No : 2, 9th Phase, KPHB Colony, Kukatpally, Hyderabad, Telangana-500085.

**Website :** ksmurthyfoundation.org | **Email Id :** info@ksmurthyfoundation.org