

KSMURTHY FOUNDATION

APPLICATION



: 3089 6941 3707 Aadhar No

: Pension Scheme

Payment Type : Monthly

: 500/-Amount

1. Applicant's Name

2. Father/Husband/Wife Name

4. Gender

5. Sons' Names

6. Daughters' Names

7. Village 8. Address

9. Religion 10. Nationality

Ginesamma : Konda

: venkateswanlu

: 62

: Female

: 1)

3)

: 1) 3) 2) 4)

2)

4)

: Kotha Harijanapeta

: 13-75. Kotha Homisanapeta

Ramanrapalem

: christian

: 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

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

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