

KSMURTHY FOUNDATION

APPLICATION



: 6751 5179 5556 Aadhar No

Scheme : Pension

Payment Type : Monthly

Amount : 500/-

: Konda Mahalakshmi 1. Applicant's Name

: Knishna Murthy 2. Father/Husband/Wife Name

3. Age : 80

4. Gender : Female : 1) venkateswarlu 2) Narasimhulu 5. Sons' Names

3)

6. Daughters' Names : 1) 2)

3)

: Kotha Harijanapeta 7. Village

: 13-171, Kotha Horijanapeta 8. Address

Ramannapalem, Mogaltur

9. Religion : chnistian

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 Signator

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