

KSMURTHY FOUNDATION

APPLICATION



: 9848 4907 0939 Aadhar No

Scheme : Pension

Payment Type : Monthly

: 500/-Amount

: Medicharla Kanthamma 1. Applicant's Name

2. Father/Husband/Wife Name : Nages wood Rab

3. Age : 42

4. Gender : Female

5. Sons' Names : 1) 2) 3)

4)

: 1) Jyothi Rani 6. Daughters' Names

3)

7. Village

: Lakkuvasithota : 13-1, Lakkuvasithota 8. Address

mogaltur. 9. Religion

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 Fo

Authorized Si

Applicant Name

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

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