

NATHANI CHARITABLE TRUST

Flat No.4/B, 1st Floor, Zaveri Mansion,
Behind Agripada Police Station,
Motlibai Street, Agripada,
MUMBAI – 400 011.
Tel.: 2300 4398 / 2300 7639

SUPPORTED BY



FREE Form-E
[TOTAL PAGES: 04]

Telephone: 022-2306 5566
(10 a.m. to 6 p.m.)
E-Mail: wmoeducation@gmail.com
Website: www.wmoindia.org

INSTRUCTION:

- This Form will not be accepted in absence of Declaration of Parent / Guardian
- Application Form should be filled in **ENGLISH** Only
- Application Form should be filled in **BLOCK LETTERS**
- Applicant should write in the boxes
- Applicant should not over write in the boxes
- Applicant should write neat handwriting using Ball Pen only
- Incomplete Form will not be considered
- Applicant should **AFFIX** his / her **LATEST PHOTOGRAPH**
- No Double Form Should be filled and sent by an Applicant

FOR OFFICE USE ONLY

Form No.				
PR No.	NCT/	/E	/	/10

Sanctioned Amount.....Date.....
Payment Mode & No.....
Surveyed by:.....
Approved by (Name & Signature).....

**To,
The Managing Trustee.**

Respected *Sir / Madam,*
Assalamu-Alaikum,

Paste your Latest
P.P Size
Photograph

(Do not staple)

I hereby humbly request and apply for the Financial Aid from your esteemed Organisation for my Education _____ (*Name of Course*) and for which I give my **Authentic Information** in detail and as per your requirements:

Write in BLOCK LETTERS only

Surname																			
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Name																			
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Father																			
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Mother																			
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Permanent Address:			
City:	District:		
State	PIN Code		
Contact Address:			
City	District	PIN Code	

Date of Birth									
Age		Place of Birth	Male / Female						

RECOMMENDATION OF MEMON JAMAT – *President / Secretary*

The Applicant is well known to us and deserve for your Help. The information contained in this Form is TRUE and CORRECT to the best of my knowledge.

Full Name of your Memon Jamat		Address:	
City	State	PIN Code	
Contact No. with STD Code		Mobile No.	
Signed by (Name)		Designation in Jamat:	
Signature	Date	Contact No.	

DOCUMENTS REQUIRED WITH THIS FORM

Please attach the following Documents with this Form (✓ Tick Mark the Attachments)

Documents	Status		Documents	Status	
	Yes	No		Yes	No
Ration Card	Yes	No	All Results / Mark Sheets	Yes	No
Electricity Bill	Yes	No	Letter from School with Break-up of Fees	Yes	No
Rent Receipt	Yes	No	Letter from Institute with Break-up of Fees	Yes	No
Fee Card	Yes	No	Letter from Coaching Classes / Tuition with Break-up of Fees	Yes	No
Other					
Fee Amount required	Term Fee		Annual Fee		
If Other, then specify:					
Total Amount required:			In Words:		
Demand Draft (DD) required in favour of:					
Bank Name:					
Bank Address:					
Bank Account No:					

IMPORTANT

1. This Form is especially for the Economically Backward and Underprivileged students from the Community who seek Admission in Higher Professional Courses or Educational Institutes.
2. The Financial Aid for Education is provided from **ZAKAT FUND**. Please note.
3. Applicant should attach all the required Xerox-documents concerning with his / her Education.
4. Incomplete Form will be deemed Invalid and would not be considered. DOUBLE FORM sent by an applicant will be rejected.
5. Our Representative(s) will survey the Authenticity and Accuracy of Application and if any information provided is found False, improper then Application Form will be rejected and no future Application would be entertained which may please be strictly noted.
6. NCT has the Right to reclaim the Help granted, if the information found incorrect or false.
7. All the documents including Photographs attached are NOT RETURNABLE irrespective of Fee(s) being sanctioned or not.
8. Decision of our Committee regarding acceptance or rejection of Application will remain Final and no Correspondence or Clarification will be entertained.
9. This Form is circulated **FREE**, anyone found selling, please notify us immediately on the above numbers.
10. Applicants are requested to create their personal E-mail ID and keep visiting our website for information.

Important Note:

Form E will not be considered in absence of Declaration of Parent / Guardian

Declaration of Parent / Guardian

Dear Sir / Madam,

Assalamu-Alaikum,

I/We hereby solemnly affirm that the details mentioned in this Forms are True to the best of my/our knowledge. I/We am/are responsible for the Authenticity of the details and the documents provided along with this Form. If any information contained in my Application Form found False or improper, your Organisation may also take Legal Action on me/us.

I/We realize that this Assistance is provided to me/my child from **ZAKAT FUND** and I/We have not taken Loan or Aid from any other Organisation / Trust / Jamat for the same purpose.

Applicant's Signature

Place

Date

Father / Guardian's Signature

Place

Date