



DIVYANG'S REQUEST FOR ASSISTANCE PROFORMA

To,
The Chairman,
Sri Mithra SM Charitable Trust Office (Br),
H.No: 9-75/12, Mahathma Nagar, Thimmapur,
Karimnagar Dist,
Telangana – 505 307

Darpan ID: TS/2025/0676517
Issued By Niti Ayog

Sub: Humble beseechment for Assistance to Divyang or Physically Challenged (Disabled) Persons like me – Reg.

Ref: (1). Divyang Medical Certificate No.

(2). Date of Issued by the Authorized Doctor From _____ Dist
_____ State

Respected Sir,

I beg to submit following few lines for your benevolence consideration into my claims,

Due to the bane of supreme being I taken birth or inadvertently became physically challenged person, consequently I am unable to function even my own works without dependents on others or without help of others.

Recently I heard about yours esteemed Charitable Trust that are like scintillation in lives of Disabled persons, and your Trust are scrutinizing and extending its assistance to the destitute like me.

Therefore, I am hereby submitting my application to the Trust authorities and consider into my request as possible as at an early and expecting to help me.

Thanking you sir,

Yours faithfully

(Signature of the Applicant)



Request entered No:.....

From:

Sri / Smt : _____
Post : _____
Taluka / Mandal : _____
District : _____
Pin Code : _____
STATE : _____

To,

The Chairman /Secretary,
Sri Mithra SM Charitable Trust,
H.No: 9-75/12, Mahathma Nagar, Thimmapur,
Karimnagar Dist – 505 304
Telangana (Br. Office)

Sub: Disbursement of Honorarium / Assistance to an impoverish sections from miscellaneous categories from SMCT – requested – Regarding.

Ref: (1) Request Application Number

(2) Date of Online Registration No:

With reference to the above referred letter I am herewith enclosing following documents in one set duly signed by me in original on separate sheets verified by the authorized Trustee of the Trust as required as mentioned in the application.

I would like to draw my honorarium in _____ Bank
_____ in _____ dist, State _____.

I further state that all the above documents each in the original duly signed by me are enclosed herewith was as required by the Trust with a request to kindly issue and grant assistance order at your earliest continence.

Verified by Authorized Trustee
(To be signed by the Trustee)

Signature of the Aspirant / Applicant



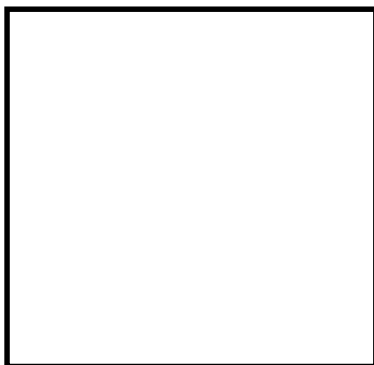
DETAILS OF DISABILITIES

1. Type of Disability Symptoms :
2. From by Birth and amidst nature of occurrence of Disability :
3. Are you receiving any Benefits from Govt. or From :
Any other Sources
4. Have you any Govt. Job :
5. Sources of Income :
6. Dependents of Disabled :
7. Percentage of Disability :
8. Did you been presented to any Medical Camp :

Declaration to Chairman, Sri Mithra (SM) Charitable Trust

I am hereby declare that all the aforementioned particulars in the application form are true to the best of my knowledge and I would like to further disclose that I shall abide by the rules of the Trust, which I, voluntarily, invite to be invoked at such time as per the discretionary mandates of the Trust. And whereas, the contribution made towards the Trust by me, will be in the form of voluntary donation and I accept the terms of non-refundable nature of it. I further explicitly declare that, I shall cease to be a claimant of the contribution, made towards the Trust for furthering their objectives, once it has been acknowledged by the Trust.

1. Mobile No :
2. Aadhaar No :



Name of the Donor :

Father's Name :

Address :

My Volunteer Donation is Non-Refundable, therefore I am hereby affirmed.

Yours faithfully

Signature of the Donor

**AADHAAR CARD NO:****NATURE OF THE APPLICATION****Request Entered Number :(CoDFF)****SRI MITHRA (SM) CHARITABLE TRUST****(BK-IV-80/2025)****9-75/12, Mahathma Nagar, Thimmapur, Karimnagar Dist – 505 307**

THIS APPLICATION FORM DULY FILLED BY THE APPLICANT WITH ALL THE RELEVANT DETAILS, HAS TO BE MANDATORILY SUBMITTED TO SRI MITHRA (SM) CHARITABLE TRUST, UPON RECEIPT OF THE APPLICATION MAY INITIATE AN OBJECTIVE SCRUTINIZATION OF THE DETAILS PROVIDED BY THE APPLICANT, IN THE BEST INTEREST OF THE TRUST AND THEREBY TO DISENCHANT FRIVOLOUS APPLICATIONS.

Application form to be filled in by those persons whosoever belong to indigent families and as such considered necessitous, under the mandate & as per the provisions of the trust, to be eligible for receiving financial assistance for miscellaneous needs.

Further, this Trust being charitable prefers to help the most impoverished and vulnerable sections of the society.



PHOTO

PART – I

1. Name of the Applicant :
2. Name of Father / Husband :
3. Address of the Applicant :
4. Only in case of a widow, :
Date of Death of Husband
5. Age of the Applicant :
6. Present Income Source :
(Daily wage Earner / Pensioner / Business)
7. Aadhaar Card Number :
8. Do you have any other sources of Income: Yes / No
If Yes, specify anyone; Rentals, Land Leases, or any other Business



Norms and Conditions

1. This application form, as and when the details seem error-free, has to be duly submitted to the person referred afore.
2. Due receipt of this application form certifies the prior registration of the applicant with the trust, as per the provisions established by the authorities of the Trust, with his consent and only after concurrence with the motives of the Trust.
3. And whereas, we, the members of the Trust hereby extend our gratitudes for your voluntary support by being a part and by contributing to the extension of the objectives of the Trust.
4. Furthermore, all actions of the Trust are in perfect convergence with the resolutions of the Trust, where in, such resolutions nemine contradicente specify that all such actions, unless specified by the Trust, are not a claim upon the trust and hence are voluntary.
5. As per the provisions, aforementioned, the receipt of the application form by the Trust does not negate any further possibility of inanimation of the actions of the Trust performed henceforth, towards the applicant.
6. The applicant, to the best of his knowledge, accepting the terms of the Trust, will also be under the obligation to accept any unwarranted contingent measures taken by the Trust, which, invariably, will be at the Trust's behest.
7. Notwithstanding any of the supra said provisions, the Trust, at its own will, may dispose any of the ineligible persons, albeit upon the recommended of any Trustee.
8. All such provisions, in letter and spirit, will be followed which pave way for the greater good of the applicants.

The applicant, accepting and affirming to the above provisions, may sign below.

Declaration:

All above given particulars, and given details are true and best of my knowledge, I am hereby I bind to terms and conditions of the Trust. If found any contrary to given particulars, the discretionary of the Trust may be performed against me as per Trust's by-law.

Following documents to be enclosed with this forms:

- (1). Xerox copy of Aadhaar Card
- (2). Filled Application Form
- (3). Xerox copy of Doctor's Disabled Confirmed Certificate
- (4). Photos (Passport 3 Copies)
- (5). Present Address Proof.
- (6). Filled Application should be sent by Registered Post only to given address in front page.

Signature of the Applicant

Note: *Erroneous Filled Applications will be rejected summarily on the discretion of the Trust.*