

# Sekkizhar Manolayam Trust

54/2 Paul Wells Road, St.Thomas Mount, Chennai 600016  
94452 60158

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## APPLICATION FORM FOR ADDMISSION TO MANOLAYAM

1. Name of the Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. Name of the Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

4. Phone No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Accommodation required: Single Room/Double Room

7. Financial Support: Self/Children/Other means \_\_\_\_\_

8. Nominees & their Address: \_\_\_\_\_

Including Tel No. & Email \_\_\_\_\_

9. General Health Condition: \_\_\_\_\_

10. Any Other Information: \_\_\_\_\_

I am aware of the terms & condition of the trust and I will abide by them.

I confirm that the details given above are true and correct.

Signature of the Applicant

Donations to the Sekkizhar Manolayam trust are appreciated. 80G exemptions are available under the Income Tax Act.

Accepted/Rejected:

Deposit: Rs.

Received vide Receipt No:

Dated:

Authorized Signatory