

Sekkizhar Manolayam Trust

19/10, Second Street, East Abhiramapuram, Mylapore, Chennai 600004 | 94452 60158

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. Previous Occupation: _____

6. Accommodation required: Single Occupied Double Room

7. Financial Support: Self/Children/Other means _____

8. Nominee: _____

Address: _____

Phone: _____ 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:
Deposit: Rs.

Received vide Receipt No:
Dated:

Authorized Signatory