



SAMATVAM TRUST

(Trust Registration No: 241)

(DONATION FORM)

Please download, fill-in and mail with attachments to

edu.support@samatvamtrust.org

1. Name of the Organization:

2. Type of Organization (Please tick)

Charitable Trust

Co-operative

NGO

Educational Institution

Other Specify

3. Is your Organization registered

Yes

No

4. Year of commencement

5. Area of work

6. Do you have audited financial statements for the last 3 years?

Yes

No

7. Objective/Mission/Goal

8. Website

9. Mail ID

10. Contact Number

11. Postal Address

12. Contact Person

Designation

Mail ID

Contact Number

13. Main projects completed :

(Details can be attached separately and should address the following)

Title of the Project, Summary of the project (Maximum 50 words), Duration of the Projects,
Source of Funding

14. Projects in progress:

(Details can be attached separately and should address the following)

Title of the Project, Summary of the project (Maximum 50 words), Duration of the Projects,
Source of Funding

15. Projects planned for which funding is required:

S.No:	Project Title	Project Description	Time Period of the Project	Total Funds required	Funds sought from Samatvam Trust

Date:

Place:

Signature of Authorized person