Al Madina Institute of Medical Sciences Pvt. Ltd. (Almas Hospital)

CSR fund request Application Form

(to be submitted by the applicant**)**

To:

The Chairman, CSR Committee / Chairman &Managing Director

Almas Hospital,

Kottakkal, P.O, Malappuram, Kerala

A. Applicant Details

1. **Name of Applicant / Organization:**

   _____

2. **Type of Applicant:**☐ Individual ☐ NGO ☐ Institution ☐ Others (specify) _____
3. **Registration No. (if NGO):** _____ (attach certificate)
4. **Address:**

   _____

5. **Contact Number:** _____
6. **Email ID:** _____
7. **Authorized Person's Name & Designation (if organization):**

   _____

B. Purpose of Request

☐ Medical Treatment / Health Support

☐ Educational Support / Scholarship

☐ Infrastructure Development (school, community hall, etc.)

☐ Livelihood / Skill Development

☐ Others (specify): _____

C. Details of Request

- **Nature of Assistance Required:** (Financial / Material / Infrastructure / Service)
- **Amount Requested (₹): _____**
- **Description of Project / Case:**

  (Attach supporting documents, estimates, or proposals if available.)

D. Beneficiary Details

- Beneficiary Name(s):

  _____
- Location / Area: (Buildingnumber, Ward/Division, Name of Municipality/ Gramma Panchayath, District Pin code)

  _____
- Expected Impact / Benefit:

  _____
- Duration of Support: _____

E. Supporting Documents (attach as applicable)

☐ NGO Registration / Trust Deed

☐ PAN Card

☐ Project Proposal / Cost Estimate

☐ Beneficiary ID Proof(Adhar copy),

Account Details ofapplicant: Name of Bank/ Branch

Account No:

IFSC Code:

☐ Medical Certificates / Bills (if applicable)

☐ Any other supporting material

F. Declaration

I / We hereby declare that all information provided above is true and correct to the best of my / our knowledge. I / We agree that Almas Hospitals Private Limited reserves the right to verify all details and approve or reject the request without assigning any reason.

Signature: _____

Name: _____

Date: _____

For office use only

Date of Receipt…….

Note to Committee prepared by: Name & signature

Date of placement in committee:

Approved/Rejected:

Name and address of Beneficiary:

Fund sanctioned:

Amount Transferred:

Account in which transferred:

Date of Transfer: