

BENEFICIARY APPLICATION FORM

Instructions: Please fill out this form accurately. Providing false information will lead to immediate disqualification. Fields marked with (*) are mandatory.

Section 1: Applicant Profile

Full Name of Applicant*	
Date of Birth*	
Gender*	☐ Male ☐ Female ☐ Other
Aadhar Number*	
Permanent Address*	
Mobile Number*	
Alternate Contact / Emergency Number	

Section 2: Socio-Economic Details

Annual Family Income*	₹
Employment Status*	☐ Daily Wage Worker ☐ Unemployed ☐ Student ☐ Other
Category Support Status	☐ BPL (Ration) Card Holder
	☐ EWS Certificate Holder
	☐ Single Parent Household
	☐ None of the Above

Section 3: Type of Assistance Requested (Select One)

☐ Healthcare Relief

Nature of Ailment	
Hospital Name	
Estimated Cost of Treatment	₹

☐ **Educational Support**

Class / Course Level	
Name of School / College	
Support Needed	☐ Fees ☐ Books / Stationery ☐ Other

☐ **Livelihood / Skill Development**

Proposed Business / Skill	
Support Needed	☐ Vocational Training ☐ Equipment / Tools (e.g., Sewing Machine)

Section 4: Mandatory Document Uploads

1. Identity Proof* – Aadhar Card
2. Income Proof* – Income Certificate / BPL (Ration) Card / Salary Slip
3. Support Documents* – Medical Estimate / School Fee Structure / Business Proposal

Section 5: Declaration & Consent

- ☐ I hereby declare that the information provided above is true to the best of my knowledge.
- ☐ I consent to Good Souls Foundation conducting a field visit or telephonic verification of my details.
- ☐ I understand that the Foundation will pay the assistance amount directly to the Hospital / School / Vendor and not in cash.

Name	Signature	Date