



Educational Support Form

Form No :

Date

To

The Chairman
 Child Vision Foundation
 317, Swastik Chambers,
 Chembur, Mumbai

I hereby request you to kindly help me out in meeting the expenses of my Child towards his/her Education for Std _____ in School _____

We are very poor and can't afford the expenses of education of my child. I have to say that I have no objection with any one of the organisation or from any employee of the if they are publishing the Photo and name of my child in any way for generating donations. That I will have no obligation if the organisation raises more money than that of my requirement. That I will visit the organisation if there is any requirement of my child or mine at any moment of time.

Name of the Student : _____

Guardian's Name : _____

Address : _____

: _____ Annual Income _____

Contact No : _____

Email : _____

Name of the School : _____

Address of the School : _____

: _____ ID/Address Proof _____

Sex : _____ Std : _____

Tuition Fees : _____

Admission Fees : _____

Term Fees : _____

Computer Fees: _____

Books Fees : _____

Other Fees : _____

Total : _____

Please Help me with an amount of Rupees : _____

Amount Sanctioned :

I declare that information given above is correct and complete in all respect and I am not in a Position to arrange funds for the purpose stated above

 Parents / Guardians

 For CVF