



AlFalah India

Behind Telephone Exchange, Bapuji Nagar, Kudligi-583135, Bellary dist. Karnataka
 Email: info@alfalahindia.org, Website: www.alfalahindia.org

AL-MADAD 2018 - APPLICATION FORM				
FOR OFFICE USE ONLY				
Beneficiary Id				Affix recent passport sized photograph
Notes				
Authorized signatory				
APPLICANT'S INFORMATION				
Name				
Father/Husband Name				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
Mobile			Blood Group	
Email				
Qualification			Occupation	
Document attached for address/ identity proof				
FAMILY DETAILS				
NAME	RELATION	OCCUPATION	AGE	ANNUAL INCOME
BANK ACCOUNT DETAILS				
Account name			Account number	
Bank name and branch			IFSC	
ASSETS				
Cash (savings)			Gold (gm)	Silver (gm)
Nisab Level Status	<input type="checkbox"/> Above <input type="checkbox"/> Below <input type="checkbox"/> Above if assets are included <input type="checkbox"/> Not sure			
Do you accept Zakat?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
What do you own	<input type="checkbox"/> Washing Machine <input type="checkbox"/> Computer <input type="checkbox"/> TV <input type="checkbox"/> Bike <input type="checkbox"/> Fridge <input type="checkbox"/> Car			
Do you own a house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, <input type="checkbox"/> Hut <input type="checkbox"/> RCC <input type="checkbox"/> Other		
Do you own land?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the size:		
Other assets				

Debt (if any)	
What kind of assistance Required?	
CONTACT ADDRESS	
Communication Address	Permanent Address

Terms and Conditions

- AlFalah India has full rights to approve or reject the registration request
- AlFalah India has full rights to select beneficiaries and its decision shall be final
- AlFalah India identity card must be produced to avail organizational benefits
- Any action against the interest of the organization leads to cancellation of registration
- All information shall be updated through email / SMS / on our website

I hereby accept the terms and conditions mentioned above and undertake to abide by the bye-laws of the organization in force.

Date:

Place:

Signature of the applicant

I have verified the above details personally and found them correct to the best of my knowledge.

Referrer Name:

ALIF ID:

Signature of the referrer