



# YASHRAJ RESEARCH FOUNDATION

Registered under Mumbai Public Trust Act, 1950  
Registration No. E-21608

Applicant  
Photograph

## Application Form for seeking CSR grant under Yashraj Research Foundation Corporate Social Responsibility Program

1. Full Name of Applicant : \_\_\_\_\_
2. Full Name of Applicant Father : \_\_\_\_\_
3. Date of Birth (dd/mm/yyyy) : \_\_\_\_\_
4. Annual Family Income : \_\_\_\_\_ in INR
5. Residence Address : \_\_\_\_\_  
\_\_\_\_\_
6. Contact No.: \_\_\_\_\_ Alternate Contact No.: \_\_\_\_\_
7. Email ID (if any) : \_\_\_\_\_
8. Aadhaar Card No.: \_\_\_\_\_ 9. PAN No.: \_\_\_\_\_

Education Details	Medical Details	Self Help Group
<ul style="list-style-type: none"><li>• Course title</li><li>• Course duration</li><li>• Course fees</li><li>• Education Institution Details</li></ul>	<ul style="list-style-type: none"><li>• Type of diagnosis / treatment</li><li>• Medical reports</li><li>• Medical estimate</li><li>• Hospital/Doctor name and address with account details</li><li>• Copy of the letter from Doctor/Hospital</li></ul>	<ul style="list-style-type: none"><li>• Project Proposal</li><li>• Expected monthly profit and how it would be reimbursed</li><li>• Guarantor details</li><li>• MOU</li></ul>
Financial Support		
<ul style="list-style-type: none"><li>• Total course fee</li><li>• Requested support</li><li>• Total own contribution</li><li>• Support received from other trust</li><li>• Amount sought from YRF</li></ul>	<ul style="list-style-type: none"><li>• Total Hospital Bill:</li><li>• Requested support</li><li>• Total own contribution:</li><li>• Support received from other trust:</li><li>• Amount sought from YRF</li></ul>	<ul style="list-style-type: none"><li>• Total cost:</li><li>• Requested support:</li><li>• Total own contribution:</li><li>• Support received from other trust:</li><li>• Amount sought from YRF</li></ul>

### Required Documents:

1. PAN card
2. Aadhaar Card
3. Income proof
4. Bank Account Details (Education Institution / Hospital or Doctor)
5. Mark sheet / Result
6. Treatment / Diagnosis details & reports
7. Reference (if any)

**Notes:** All payments will be made directly to the respective institutions, who will be lending the service.

**Declaration:** I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting then application will be rejected.

Dated:

Signature of Applicant

Please Email this Application Form & required supporting documents on : [csr@yashraj.com](mailto:csr@yashraj.com)

or Courier on below address :

Yashraj Biotechnology Ltd, Plot No. C-232, TTC Industrial Area, MIDC, Turbhe, Navi Mumbai -400705.