

Regd. Medical NGO



Combating HIV/AIDS & CANCER

# social activities integration

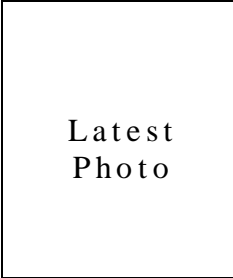
14-G/F, Byculla Municipal School Building, Near "S" Bridge, N. M. Joshi Marg, Byculla (W), Mumbai - 400 011, India.

Phone : 091-22-23016976/23051706, email : info@saingo.org, Website : [www.saingo.org](http://www.saingo.org)

Registered under Societies Registration Act 1860, Registered under the Bombay Public Trust Act 1950, Donation Exempted Under 80G of the I.T. Act 1961, Registered under FC (R) Act 1967  
Reg. No. F-21793 (BOM); PAN No : AACTS0408E

## Donation Form

TO,  
The President,  
**Social Activities Integration-SAI**  
Byculla. (W), Mumbai-400 011. INDIA.



Dear Sir/Madam,

I would like to request you to please accept my Donation towards HIV / AIDS/CANCER Patient Name / APNI DUNIYA PROJECT / CHILD

EDUCATION /Other \_\_\_\_\_ for his Treatment to **SOCIAL ACTIVITIES INTEGRATION**. I agree to abide by the rules and regulations of the organization.

**Rs./YOUR CURRENCY** \_\_\_\_\_ (In words \_\_\_\_\_  
\_\_\_\_\_) by Pay Order/ DD/Cheque on \_\_\_\_\_  
**dated** \_\_\_\_\_ **drawn on** \_\_\_\_\_ **Bank,**

### Fields in RED are Mandatory

**Name :** .....

**Local Address :** .....

.....

..... Pin.....

Permanent Address :

.....

..... Pin.....

Official Address :

.....

..... Pin.....

Tel (O): ..... (R)..... Fax : .....

**Mob :** ..... Profession & Designation.....

Email : ..... PAN No .....

**Nationality :** ..... **Sex**..... DOB : .....

Highest Qualification : .....

<b>Educational History :Sl No.</b>	<b>Education Record</b>	<b>School / College</b>	<b>Board/ University</b>	<b>% of Marks</b>	<b>Year</b>

**Professional Experience:**

<b>Sl No.</b>	<b>Position</b>	<b>Working Field</b>	<b>Organisation</b>	<b>From</b>	<b>To</b>

**Question and Answers :**

1. How do you come to know about **Social Activities Integration (SAI) and the Patient**

Ans : .....

2. Why did you choose **Social Activities Integration (SAI)** and what Motivated you ??

Ans : .....

3. Are you a Member of any other association, If yes please give details.

Ans .....

4. Is there any association with Medical / Social Field

Ans .....

5. What are your Strength and Weakness?- so that we can work together in combating HIV/AIDS & CANCER

Ans: .....

Signature : .....

**Date : .....**

Place .....



**For office use only**

Date : \_\_\_\_\_

Application received on: \_\_\_\_\_ From Mr./ Ms. /Mrs./ Dr./ Prof./\_\_\_\_\_

\_\_\_\_\_ Subscription received on:\_\_\_\_\_ Approval dated:

\_\_\_\_\_ Receipt No.:\_\_\_\_\_ For Rs \_\_\_\_\_ (In Words )

\_\_\_\_\_ toward

s \_\_\_\_\_

Through \_\_\_\_\_ DD No \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

\_\_\_\_\_