 OPEN INDIA CHARITABLE TRUST

 **IGNITE PROGRAMME**

**APPLICATION FORM**

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| --- |
|   Photo |

From :

 (Mention correct address)

To:

Open India Charitable Trust

I submit below the details :-

 Name :

School :

Group :

Marks :

Mother’s Name :

Mother’s Job/Income :

Father’s Name :

Father’s Job/Income :

Sisters & Brothers :

Age/Education/Work :

Own / Rented House :

 I certify the above details are true and correct to the best of my knowledge.

I would like to pursue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education.

 **(SIGNATURE)**

No.26/91, 3rd Street Karpagam Avenue, R.A.Puram, Chennai- 600 028

Phone No: 9342138838/9381040489/9840758870/24939583/7708679797