Seth GS Medical College & KEM Hospital, Diamond Jubilee Society Trust

Reg. No. : E - 13339 (BOM)

College Bldg., 1st Floor, Above Dean's office, Acharya Donde Marg, Parel, Mumbai - 400 012.

Tel. No. 022 24156513/ 022 24107020 **Email Id : djst6513@gmail.com**

KNOW YOUR DONORS (KYD) APPLICATION FORM

Date of receipt :

Please fill this form in ENGLISH and in BLOCK LETTERS.

A. IDENTITY DETAILS

1. **Name of the Donor** : _____

2. **Gender**: Male / Female

3. a. **Nationality** : _____

   b. Status: Indian Resident Individual/ Non- Resident/ Foreign National

4. **a. PAN**:_____

   b. Unique Identification Number (UID)/ Aadhaar, If available: _____

   c. If not, any other additional proof of identity: _____

5. **Donations in a. Indian currency** Yes/No

   b. Foreign currency Yes / No (specify)

B. ADDRESS DETAILS

a) Address for correspondence:

_____

City/district/village: _____ __ **Pin code:** _____ **State :**_____

Country :_____

b) Specify the proof of address submitted for correspondence

(copy of Passport/Voter card/Electricity bill/ Telephone bill/ Aadhar card)

- **Permanent address** (if different from above) : _____

City/district/village: _____ **Pin code :** _____ **State :**_____

Country: _____

Tel.(Res.) # _____ **Mobile No :** _____ **Fax :** _____

Email id : _____

C. Contact details :

a) Tel.(Off.)# _____ **Tel. (Res.) #** _____ **Mobile No :** _____

Fax : _____ **Email id :** _____

D. Kindly enclose / self-attested copies of:

a) For Indian Nationals: Pan Card
Aadhar card

b) For Foreign Nationals: UDI Number Proof
Passport

c) Letter of intent mentioning the source and purpose of donation

E. If the donor is a Non-Government Organization (NGO)

a. Registration number of the NGO: (Kindly attached copy of registration certificate)

- **Govt. of India**
- **State of Maharashtra**

b. If the NGO is an International organization, the letter of recognition from Union of India: Yes/ No **(Kindly attached a copy)**

c. Key person to be contacted (with designation): _____

d. Copy of Memorandum of Association, Article of Association, Constitution document (if donation exceed Rs. 25 Lacs) : Attached /Not attached

e. Letter of intent mentioning the source and purpose of donation:

Signature

f. References/Contact with KEM/DJST (if any) :

For office use only

- **Primary scrutiny : by _____ Date _____**
- **Background check : by _____ Date _____**
- **Approved DJST meeting held on _____**