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smileyfaction2010@gmail.com

www.smilleyfaction.org

www.facebook.com/smileyfaction

Affix a passport size photograph of the student

Name:

Age/Gender:

School/College:

Class/Course:

Contact No.:

Residential Address:

**Parents Profile (if applicable)**

Father’s name:

Father’s occupation:

Father’s monthly income:

Mother’s name:

Mother’s occupation:

Mother’s monthly income:

**Guardian’s Profile (if applicable)**

Guardian’s name:

Guardian’s relationship:

Guardian’s monthly income:

**Details of Siblings (if any)** *– If more than one, add their details separated by comma. If applying fund request for sibling, use a separate form for them*

Name of Sibling:

Age/Sex:

Class/Grade:

School/College:

Annual Fee Paid for them:

**Fee Details**

Total Fee for the year:

Current Requirement:

Fee Term: (monthly/3 months/6 months/annual)

Fee break up: (tuition/book/uniform etc.)

Fee paid so far:

Last day to pay the fee:

If it is a deposit amount, when and how much will be returned

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the information provided above are true and correct. I hereby authorize Smiley Faction to investigate my background and verify this information. I also accept to provide all the relevant documents/receipts to Smiley Faction when they ask for it.

Signature of Student Signature of Parent/Guardian Date

Smiley Faction

Registration Document Number: 154 of 2013, Chennai, Tamil Nadu, India.

Anantharam Vanchiprakash

Gauri Shanker Ram

Sivakumar Ravichandran

Trustees

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