

**Statement showing the Beneficiaries information about Orphans / Old Aged Persons / Lepers / HIV / Blind etc.,**

Orphans  Lepers

Old Aged Persons  HIV / Blind

If others, Please specify

**Name of the Denomination / Organization :**.....

**Name of the Institution (Orphanage/Old Age Home / LP / HIV / Blind etc):**.....

.....  
 .....

**Activity / Service provided:**.....

**Address:**

H.No:	Lane:	Vill:
Mand:	Dist:	Pin:

**Institution Head Contact Details:** Mobile No..... Land line No. ....

**Name of the Incharge Person:** .....

**Mail ID:** .....

No. of Boys/Males	No.of Girls	No.of Females	Grand Total

**Incharge Signature,  
with Seal**