Puransaksham Foundation

Be A Helping Hand



PURANSAKSHAM FOUNDATION
BENEFICIARY DECLARATION & CONSENT FORM
Marriage Assistance Programme

Date: 20 / 09 / 2026

Beneficiary ID: _____

1. BENEFICIARY DETAILS

Name of Beneficiary: PREETI

Father / Mother / Guardian Name: KAUSHALYA

Date of Birth / Age: 24/06/1996

Complete Address:

Mobile Number: 97184

Proposed Marriage Date: 21 NOVEMBER 2026

Family Status / Special Circumstances:

2. ASSISTANCE REQUEST

I, PREETI, hereby request PURANSAKSHAM FOUNDATION f

or assistance for my upcoming marriage.

The assistance requested may include essential personal items, clothing, furniture, household articles, kitchen utensils and electrical appliances, as assessed and approved by the Foun dation.

Estimated Assistance Requirement: ₹ 70,000

Type of Assistance Requested:

☐ Material / In-kind Assistance

☐ Financial Assistance

☐ Both Material & Financial Assistance

3. BENEFICIARY DECLARATION

I hereby declare that:

The information provided by me to PURANSAKSHAM FOUNDATION is true and correct to th e best of my knowledge.

I have requested this assistance because of my family's financial circumstances and genuin e need.

The assistance received from the Foundation will be used only for the stated marriage-relate d purpose.

I have not knowingly provided any false, misleading or fabricated information or documents to obtain assistance.

I understand that the Foundation may verify the information and documents provided by m e before or after providing assistance.

I understand that approval and the type/amount of assistance will depend on the Foundati on's assessment, available resources and donor support.

4. CONSENT FOR VERIFICATION & RECORD KEEPING

I voluntarily give my consent to PURANSAKSHAM FOUNDATION to:

Verify the information and supporting documents submitted by me.

Maintain my information in the Foundation's beneficiary records.

Share relevant information with donors/auditors or authorised persons only to the extent re asonably necessary for assistance verification, transparency and compliance, subject to ap plicable privacy requirements.

I understand that sensitive personal documents should not be publicly displayed or circulate d without appropriate consent.

5. DOCUMENTS SUBMITTED

☐ Identity Proof

☑ Address Proof

☐ Family / Income-related document, if applicable

☐ Marriage-related document/invitation, if available

☐ Other: Disability Certificate

6. BENEFICIARY CONFIRMATION

I have read/understood this declaration and provide the information voluntarily.

Beneficiary Name: PREETI

Signature / Thumb Impression: Preeti

Date: 20 / 09 / 2026

Place: MADANGIR A-I[st]-53

7. FOUNDATION VERIFICATION

Verified by: PURAN CHAND

Designation: FOUNDER

Verification Date: 21 / 09 / 2026

Remarks:

Signature:

Official Stamp

For PURANSAKSHAM FOUNDATION

PURANSAKSHAM FOUNDATION

Director

Section 8 Company | CIN: U84120DL2025NPL443528

Serving with dignity, transparency and compassion

Form-III

GOVT. OF NCT OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
PT. MADAN MOHAN MALAVIYA HOSPITAL
MALVIYA NAGAR, NEW DELHI 110 017

DISABILITY CERTIFICATE
(In case of multiple disabilities)



Dr. S. K. VARMA
M.S. (E.N.T.)
Consultant E.
Chairman Disability Board
Pt. M. M. Malaviya Hospital
Govt. of NCT
Malviya Nagar

Certificate No. FH/59/12274/pharmacy/573/Dt- 8/5/14

This is to certify that we have carefully examined ~~Shri/Smt.~~/Kum. Preeti
~~Son/wife~~/daughter of Shri Mehendra Date of Birth 24/6/1996
Age 23 (DD/MM/YY) years, ~~male~~/female, Registration No. 122459 permanent
resident of House No. A-1-53 Ward/Village/Street Madanpur Post
office Aya Nagar District South State Delhi Whose photograph is
affixed above, and are satisfied that :

(A) He/She is a case of Multiple Disability. His/Her extend of permanent physical impairment /disability has been evaluated as per guidelines (to be Specified) for the disabilities ticked below, and shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	Both foot & Lower limb	B/L CTEV	56%
2.	Low vision			
3.	Blindness	Both Eyes		
4.	Hearing Impairment			
5.	Mental retardation	X		
6.	Mental -illness	X		

(B). In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follow:-

In figures :- 56% percent

In words:- Fifty Six percent

2. This condition is ~~progressive~~/non-progressive/~~likely to improve~~/not likely to improve.

3. Re-assessment of disability is :

(i) Not necessary

OR

(ii) Is recommended/after ..... Years ..... Months, and therefore this certificate shall be valid till.....(DD).....(MM) .....(YY)

4. The applicant has submitted the following document as proof of residence:-

Nature of document & number	Date of Issue	Details of authority issuing certificate
Aadhaar Card 937793710884	—	UIDAI

5. Signature and seal of the Medical Authority:

DR MANISH SHARMA Specialist and Head Department of Orthopaedics Surgery Pt Madan Mohan Malaviya Hospital Govt. of NCT of Delhi Malviya Nagar, New Delhi - 110017	DR. ANSHU GOEL M.D. (Specialist Medicine) (Reg. No. DMC 6498) Govt. of NCT of Delhi M.M.M. Hospital Malviya Nagar	Dr. S. K. VARMA M. S. (E.N.T.) Consultant E.N.T. Chairman Disability Board Pt. M.M.M. Hospital Govt. of NCT of Delhi Malviya Nagar, New Delhi-110017
Name & Seal of Member	Name & seal of Member	Name & Seal of the Chairperson

Preeti

(Signature/Thumb impression of the Person in whose favour disability certificate is issued)

फॉर्म संख्या / Form No. 6
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दिल्ली नगर निगम
MUNICIPAL CORPORATION OF DELHI
मृत्यु प्रमाण पत्र / Death Certificate

0226-1170918329999

(Issued under section 17 of the Registration of Death Act, 1969 and 8/13 of Delhi Registration of Death Rule,1999)

This is to certify that the following information has been taken from the original record of DEATH which is the register for Municipal Corporation Of Delhi of SOUTH ZONE (SOUTH ZONE) of N.C.T. Delhi

नाम / Name	MAHINDER
लिंग / Gender	MALE
मृत्यु की तिथि / Date Of Death	16/08/2026
मृत्यु का स्थान / Place Of Death	BROUGHT DEAD AT MAX HOSPITAL 1, 2 PRESS ENCLAVE ,MARG NEW DELHI SAKET SOUTH DELHI INDIA 110017
पंजीकरण की तिथि / Date Of Registration	19/09/2026
पंजीकरण संख्या / Registration No	MCDOLIR-0226-1170829154609
माता का नाम / Name of Mother	
पिता का नाम/ Name of Father	DEVI RAM
जीवनसाथी का नाम / Name of Spouse	KAUSHLYA
मृतक के मृत्यु के समय का पता/Address of the deceased at the time of death	A 1ST 53 MADANGIR NEW DELHI SOUTH DELHI INDIA 110062
स्थाई पता / Permanent Address	A 1ST 53 MADANGIR NEW DELHI SOUTH DELHI INDIA 110062
जारी करने की तिथि / Date of Issue	19-09-2026

Note: This certificate is system generated and does not require any seal/signature in original . The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

भारत सरकार

Government of India

आधार



प्रीती

Preeti

जन्म तिथि/DOB: 24/06/1996

महिला/ FEMALE

Aadhaar no. issued: 05/06/2012

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9377 9371 0884

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

पता:
द्वारा: मेहेंद्र, 53, ब्लॉक -ए-1, मदनगीर फ-1, डॉ.अम्बेडकर नगर, पुष्पा भवन, दक्षिण दिल्ली, दिल्ली - 110062

Address:
C/O: Mehendra, 53, Block -A-1, Madangir Ph-1, Dr. Ambedkar Nagar, PO: Pushpa Bhawan, DIST: South Delhi, Delhi - 110062

Details as on: 22/11/2023

9377 9371 0884

VID : 9150 6492 5115 1297

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार
Government of India

आधार

Aadhaar no. issued: 06/12/2011



कौशल्या
Kaushalya
जन्म तिथि/DOB: 15/10/1978
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं ।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफ़लाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए ।

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

3957 4341 4660

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

पता:
W/O महिंदर, ए-फस्ट, ५३, मदनगीर, पुष्पा भवन स्.ओ,
दक्षिणी दिल्ली,
दिल्ली - 110062

Address:
W/O Mahinder, A-1st, 53, Madangir, Pushpa
Bhawan S.O, DIST: South Delhi,
Delhi - 110062

Details as on: 22/11/2023

3957 4341 4660

VID : 9138 9447 5885 5115

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