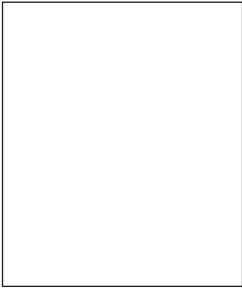


**FACT  
SHEET**



**Name:** \_\_\_\_\_

**Father/Spouse's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Hobbies:** \_\_\_\_\_

**Blood Group:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Alma Mater:** \_\_\_\_\_

**Root Address:** \_\_\_\_\_

\_\_\_\_\_

**Mob. / Tel:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

\_\_\_\_\_

**Mob. / Tel:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Live with:** (A) **Alone**  (B) **Family**  (C) **Relative**  (D) **Friend**

**Family Details/Dependents**

S. No.	Name	Age	Relation	Education	Occupation

**Name of Successor:** \_\_\_\_\_

• **Are you Suffering from any Genetic/Chronic disease? If 'Yes' Please describe** \_\_\_\_\_

• **Is your name appearing in any Criminal case?**  
If 'Yes' Please describe \_\_\_\_\_

[Case number..... Condition..... Articles..... ]

• **Do you have any dream to help someone [Describe, Who, Why, Where]**  
\_\_\_\_\_  
\_\_\_\_\_

• **Have you done social activities? Please describe**  
\_\_\_\_\_  
\_\_\_\_\_

• **What is/are your plan(s) to expend MATRICA FOUNDATION? [How, Why, Where]**  
\_\_\_\_\_  
\_\_\_\_\_

• **How much time you can spend for MATRICA Foundation?**  
\_\_\_\_\_

**Your extra curricular activities:** \_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

Date

Place

Signature of Member