



Sri Kanchi Mahaswami Vidyamandir

EDUCATE • ENLIGHTEN • EMPOWER

International Vedic and CBSE School

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SANKARA CARD INTENT FORM

1. Personal Details

Name: _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

Date of Birth: _____ Wedding Anniversary: _____
DD MM YYYY DD MM YYYY

Nakshatram: _____ Gotram: _____

Place of Birth : _____

Address: _____

City: _____ State: _____ Pin Code: _____

Email Id: _____

Tel No: _____ Mobile No: _____

2. Professional Qualification: _____

Organization you are associated with : _____

Designation: _____

3. From where do you purchase your monthly provisions DSOR (Dal, Sugar, Oil, Rice)? Kindly mention in order of preference

I. _____ ii. _____

iii. _____ iv. _____

4. Number of family members in the house: _____

5. What is your approximate monthly expenditure on provisions?

₹ 500 – ₹ 1000 ₹ 1000 – ₹ 2000 Above ₹ 5000

₹ 2000 – ₹ 3000 ₹ 3000 – ₹ 5000

6. Type of Credit Card and Bank used (eg: Visa Card, Standard Chartered Bank)

I hereby agree to subscribe to the SANKARA Card and accept all the terms and conditions.

Date: _____

Place: _____

Applicant's Signature