Application for Obtaining Free Spectacles from Agape Foundation

Student's Details :

Full Name :

Date of Birth : Male / Female :

Date Month Year

Name of School :

Year / Grade :

Mother / Father / Guardian's Details :

Name of Mother / Father / Guardian :

Permanent Address :

National Identity Card No. :

Telephone No. :

Occupation :

No. of Members in the Family :

Income Status : Monthly Yearly

I hereby sign and confirm that all above details are true

.....

Mother/Father/Guardian's Signature

Date : .....

Recommendation by Principal

I certify that [Student's Name] ..... is a student of [School Name] ..... and belongs to an underprivileged background. I recommend him/her for assistance under the Agape Foundation free spectacles program.

.....
Signature of Principal and Official Seal

Date : .....

Confirmation as an underprivileged student
(certification should be obtained by the Grama Sevaka (village secretariat) of the relevant rural services division to which the student is residing.)

I certify that the aforementioned (Student's Name) ..... student is a resident at (Address) ..... for ..... years and that his/her parents/guardian is an underprivileged person and therefore recommend obtaining a free spectacle from the Agape Foundation program.

Services Division : ....
Signature and Official Seal

Date : .....

For Office Use Only

Approved ☐

....
President Secretary