

(For Office Use) TRANSACTION ID



**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI**  
**DONOR MANAGEMENT SYSTEM**  
**APPLICATION FOR DONATION TO TTD TRUSTS / SCHEMES**

PLACE

DATE

Name of the Trust / Scheme

**S.V.ANNAPRASADAM TRUST**

**DONOR PARTICULARS**

	TYPE OF DONATION	INDIVIDUAL	JOINT	COMPANY/FIRM / Trust
1	NAME OF THE DONOR (In case of Joint Donor Enter Details of 2nd Person)			
2	DATE OF BIRTH (In case of Company Please provide Registration No.)			
3	ID PROOF NUMBER (PAN / AADHAR CARD) In case of NRI / Foreigners Passport No)			
4	MOBILE NUMBER			
5	E-MAIL ID (Please enter in Capital letters)			
6	ADDRESS WITH PINCODE			

**PAYMENT DETAILS**

1	CHEQUE/D D/ DIRECT CREDIT / CHALLAN No.	
2	DATE	
3	AMOUNT (In words)	
4	NAME OF THE BANK	
5	BRANCH / CITY	

**FAMILY MEMBER DETAILS (Not applicable for Company / Firms etc.,)**

**INDIVIDUAL DONATION (Mention 4 persons) - JOINT DONATION (Mention 3 persons)**

Sl. No.	Name of the Member	Gender	Date of Birth	ID Proof Number (AADHAR/PAN / PASSPORT)	Relationship with Donor
1					
2					
3					
4					

**Note: Company / Firms etc., can authorise any Five members at the time of redemption**

**DECLARATION**

Please accept our contribution towards the CORPUS of the above Trust /Scheme

**SIGNATURE OF THE DONOR /  
AUTHORISED PERSON  
IN CASE OF COMPANY/FIRM WITH SEAL**

**Donor Corpus Request Letter:-**

Place

Date

<b>Name of the Donor</b>	
<b>Address</b>	
Telephone No. / Cell No.	

To

**The Chief Accounts Officer  
CDMC, Room No. 112  
TTD Administrative Building  
K.T. Road  
Tirupati -517501  
0877-2264258**

Sir/Madam,

Please accept our contribution of Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_ only) vide Cheque /  
DD / Challan No. \_\_\_\_\_ dt. \_\_\_\_\_ Bank Name  
\_\_\_\_\_ towards the CORPUS of **S.V.ANNAPRASADAM TRUST** Trust /  
Scheme. I/We request you to kindly acknowledge the same and issue applicable Tax Deduction  
Certificate under the Income Tax Act of 1961

(Signature of the Donor)