



QBS HOME FOR AMAZING KIDS

ACE PROGRAMME

(Adopt a Child for Education)

Beneficiary's Details

Name of Student: _____

Father's Name: _____

Age: _____

Address: _____

Cell No: _____

Father's Profession: _____

Father's Salary: _____

Own house: _____

Number of siblings: _____

Caste / Province: _____

Mother's Name: _____

Mother's Profession: _____

Mother's Salary: _____

Mother's Signature:

Father's Signature:

Student's Signature:

Benefactor's Details

Name: _____

Profession: _____

Designation: _____

Address: _____

Email: _____

Cell No: _____

Amount Promised: _____

Currency: _____

Mode of Payment: _____

(Cash/Bank Transfer/Cheque) _____

Time period: _____

Cause: _____

Signature: _____

Date: _____