



**Patan Community Based Rehabilitation Organization**

***Individual Sponsorship Form***

**Child Information**

Child's Name :

Gender :

Date of Birth :

Class :

**Sponsor Information**

Name :

Address :

Contact No. :

Email Add. :

Sponsored Date:

**Sponsorship area**

**Amount/Month**

**Amount/Year**

- |                       |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|
| 1. Education/Service: | <input type="checkbox"/> | Rs.700                   | Rs. 8400                 |
| 2. Transportation:    | <input type="checkbox"/> | Min.Rs.1200, Max. Rs2200 | Min.Rs.14400, Max. 26400 |
| 3. Tiffin:            | <input type="checkbox"/> | Rs.600                   | Rs. 7200                 |
| 4. Medicine:          | <input type="checkbox"/> | Min.Rs.800, Max. Rs.3000 | Min. Rs. 9600, Max 36000 |
| 5. Physiotherapy:     | <input type="checkbox"/> | Rs. 700                  | Rs. 8400                 |

**Payment Option**

1. Monthly  2. Quarterly  3. Half Yearly  4. Annually

**Communication**

*I need to receive regular updates of the child including the child profile. I can visit at any time to my sponsor child.*

Signature: .....

Date: .....

**Account Information**

Bank Name : Nabil Bank Limited, Pulchowk, Lalitpur  
A/C Name : Patan CBR Organization  
A/C Number : 0201017503646  
A/C type : Current Account  
SWIFT Code : NARBNPKA