



LIVE 4 HELP FOUNDATION

Better Living by Helping

Help Each Other Form

Reg.No. 372326

Tick Mark* ☐ HELP REQUIRED ☐ HELP OFFERED

1 PERSONAL DETAILS (*Mandatory Fields to be filled)

Name * _____
Gender* _____ Age _____ Date of Birth(dd/mm/yy)*
Address* _____
_____ State* _____ Postal Code*
Mobile* Email ID _____
Preferred Language of Communication* _____ Blood Group _____
ID / Address Proof (voter ID, adhaar etc.)* _____
Qualification _____ Profession: _____

2 TYPE OF HELP (Tick mark)

<input type="checkbox"/> Ration/Food		
<input type="checkbox"/> Clothes/Blankets		
<input type="checkbox"/> Books/Study Material		
<input type="checkbox"/> Electronic Gadgets (Phone, Laptop etc.)		
<input type="checkbox"/> Blood Donate/Receive		
<input type="checkbox"/> Doctor Consultation	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Teaching/Coaching	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Computer Training	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Soft Skills Training	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Therapy Sessions	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Counselling Sessions	<input type="checkbox"/> Online	<input type="checkbox"/> Offline
<input type="checkbox"/> Any other help _____		

3 SUGGESTIONS

DATE: _____

SIGNATURE: _____

LIVE 4 HELP FOUNDATION

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