

Project Application Form



Promoter Details

Name*	R.RAMESH
PAN No*	AEGPR2660M
Mobile No*	9840427767
FAX Number	NIL
Occupation	BUSINESS
State*	TAMIL NADU
Pin code*	600094

Father's Name*	R.RENGANATHAN
Aadhaar Number*	592644565819
Telephone Number*	044-23652030
E Mail*	varthinifoundations@gmail.com
Address Line 1*	NO.32/20 1 ST STREET
Address Line 2*	GILL NAGAR CHOLAIMEDU
District	CHENNAI

If it is a firm

Name of the Firm / Company*	VARTHINI FOUNDATIONS
Address*	NO.10 DIWAKAR STREET BHARAMI COLONY SALIGRAMMAM
Mobile No*	9087007766 / 98404 27767
Telephone No	044-23652030
FAX Number	NIL
E Mail	varthinifoundations@gmail.com
State*	TAMIL NADU
Pin code*	600093

Copy of the Registration Certificate*	ATTACHED
Name and Photograph and address of Partner	R.RAMESH
Main objects*	MANAGING PARTNER
	FINANCE
	ADMINISTRATION
	PROJECT INCHARGE

Previous Project Details (Last 5 Years only)

Project Name*

-Nil-

Current Status

—

Category of Building

—

Is there any Case Pending

—

Address

—

Project Description
(Max 500 Characters)

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State

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District*

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Pincode

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