

For filing of FCRA quarterly returns for the period 1-04-2017 - 30-06-2017

	Name of the Institution	WELFARE SERVICES ERNAKULAM				
	FCRA Registration No.	052850131				
	E- Mail ID for Replay	wseekm@gmail.com				
	Address of the Intitution	PONNURUNNI,VYTTILA.P.O, KOCHI - 682019, KERALA				
Sl. No	Purpose of Receipt	Name and Address of Doner (with E Mail ID and Web site Id if Any	Doners Country	Type of Doner(Institution / Individual)	Amount Received	Date of Receipt
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