## GENERAL MOHYAL SABHA (REGD.) A-9, Qutab Institutional Area, Jeet Singh Marg, New Delhi-110067

## Continuation of Financial Aid for the period 01/04/201... to 31/03/201... to widows who were granted Financial Aid during the year 201...-201...

1.	Name of applicant :	
2.	Address with Phone Number :	•••••••••••••••••••••••••••••••••••••••
address	s indicated above do hereby declare that ther	resident at the e has been no material change in my circumstances as ial assistance during the year 201201 I request that the e period 01.04.201 to 31.03.201
Date :		Signature of beneficiary
We ce recomm	cation certificate from the Local Mohyal Sabha.  Description that the particulars and facts stated by the state of the sta	the applicant have been verified and found correct. It is or the continuation of Financial Aid by the GMS during the
Signature of (President) Mohyal Sabha		Signature of (Secretary) Mohyal Sabha
Name		Name
Address		Address
Phone Number		Phone Number
Date		Date
	PA	RT-III
<u>Verific</u>		who are either Patron/Partisht/GMS Life Member/MMT,
	where Local Sa	abha does not exist
recomr		he applicant have been verified and found correct. It is or the continuation of Financial Aid by the GMS during the
Signature Name		Signature Name
Whether Patron/Parthisht/GMSLM/MMT		Whether Patron/Parthisht/GMSLM/MMT
Address		Address
Phone No		Phone No
Date		Date
	If pension is required through Bank then fill a in the GMS office.	nd send application in following format every second
1. 2. 3.	Name of Bank with address Account No. and type of A/C Saving or Curro IFSC No. of Bank	ent :

**PART-IV** 

**Recommendation of Finance Advisory Committee of GMS.**