

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

APPLICATION FOR CONTINUATION OF FINANCIAL RELIEF TO
NEEDY / DESTITUTES FOR THE YEAR 201.....- 201.....
(Please fill up Relevant Year)

1. Name of applicant :
2. Address with Telephone Number :

I,son/daughter/wife of Shri.....resident at the address indicated above do hereby declare that there has been no material change in my circumstances as communicated in my application for the grant of financial relief during the year 201__201__. I request that the financial assistance may please be continued to me for the period from 01.04.201__ to 31.03.201__.

Date :

Signature of beneficiary.....

PART-II

Verification certificate from the Local Mohyal Sabha.

We certify that the particulars and facts stated by the applicant have been verified and found correct. It is recommended that the application may be considered for the continuation of Financial Aid by the GMS during the Financial Year 201__201__.

Signature of (President)

Mohyal Sabha

Name.....

Address.....

Phone Number.....

Date.....

Signature of (Secretary)

Mohyal Sabha.....

Name.....

Address.....

Phone Number.....

Date.....

PART-III

Verification Certificate from two prominent Mohyals who are either Patron/Partisht/GMS Life Member where Local Sabha does not exist

We certify that the particulars and facts stated by the applicant have been verified and found correct. It is recommended that the application may be considered for the continuation of Financial Aid by the GMS during the Financial Year 201__201__.

Signature

Name.....

Whether Patron/Parthisht/GMSLM

Address.....

Phone No.....

Date.....

Signature

Name.....

Whether Patron/Parthisht/GMSLM

Address.....

Phone No.....

Date.....

Note: If pension is required through Bank then fill and send application in following format every second month in the GMS office.

1. Name of Bank with address :
2. Account No. and type of A/C Saving or Current :
3. IFSC No. of Bank :

PART-IV

Recommendation of Finance Advisory Committee of GMS.

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

Affix Pass
port size
Photo of
Applicant

**APPLICATION FOR GRANT OF FINANCIAL RELIEF TO
DESTITUTES FOR THE YEAR 20.....- 20.....**
(Please fill up Relevant Year)

Caste: Bali/Bhimwal/Chhibber/Datta/Mohan/Lau/Vaid

1. Name of the Applicant with Sub Caste
2. Father's Name/ Husbands Name
3. Date of Birth/Age
4. Complete Postal Address
- Pin Code.....
5. Reason of requesting for Relief
(Give Brief statement)
6. Doctor's report in case of disability with
percentage of disability
7. Present occupation (Write in detail)
8. Monthly income
- (a) From service Rs.
- (b) From self employment Rs.
- (c) From any other source Rs.
- (d) Support from own family members/relatives Rs.....
- (e) From GMS/Local Mohyal sabha/any : Rs
- other source.
- (f) How do you support yourself, earlier Rs.
- When no aid was received.
9. In case of no income, please indicate who is supporting you and what is his/her income

Note: If pension is required through Bank, then fill and send particulars in the following format, every second month (by end of May, July, September, November, January & March) to the GMS office.

1. Name of Bank with full address :
2. Account No. and type of A/C Saving or Current :
3. IFSC No. of Bank :

Document to be attached

1. Photocopy of the Ration Card/Election Identity Card.
2. Pass Port size photograph to be affixed on the Form at appropriate place.
3. Photocopy of medical report indicating extent of disability

Date:

(Signature of Applicant)

PART- II

(To be filled by the recommending Local Sabha)

- 1. Have your representatives visited the house
and verified the details furnished by the applicant
in Part- I ?
- 2. How much financial assistance the Local Sabha
is giving or propose to give to him/her ?

Recommendation

In our opinion, this is a deserving case for the grant of financial aid, as he/she has no other source of income.

Signature of (President)

Signature of (Secretary)

Mohyal Sabha

Mohyal Sabha.....

Name with Address and Telephone No.

Name with Address and Telephone No.

Date.....

Date.....

PART – III

Recommendation from two prominent Mohyals who are either Patron/Partisht/GMS Life Member, where Local Sabha does not exit

- 1. Have you personally visited the house
and verified the details furnished by him
in Part –I ?
- 2. Are you or any other person known to
You giving or propose to give financial
Aid to him/her

We certify that the particulars and facts stated by the applicant have been verified and found correct. It is recommended that the application may be considered for the grant of Financial Aid by the GMS.

Signature

Signature

Mohyal Sabha

Mohyal Sabha.....

Name

Name

Whether Patron/Partisht/GMSLM

Whether Patron/Partisht/GMSLM

Address.....

Address.....

Phone Number.....

Phone Number.....

Date.....

Date

PART - IV

Recommendation of Finance Advisory Committee of GMS.