

**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**  
**NEEDY/ 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 / Husband Name .....
3. Date of Birth /Age .....
4. Complete Postal Address with .....
- Telephone/Mobile Number .....
- Pin Code.....
5. Reason of request 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 Rs .....
- (f) How did 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 : .....

**Documents to be attached**

1. Photocopy of Ration Card / Election Identity Card.
2. Passport 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 is 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**

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.**