



GENERAL MOHYAL SABHA (REGD.)

A-9, Qutab Institutional Area, U.S.O. Road,
Jeet Singh Marg, New Delhi – 110067
Telephone: 011-26560456, 25561504, 41783232
Email: gmsoffice2003@gmail.com Website: www.mohyal.com

APPLICATION FOR CONTINUATION OF FINANCIAL AID TO WIDOWS

FOR THE FINANCIAL YEAR 20.... - 20...

(Please fill up Relevant Financial Year)

PART-I

1. Name of Applicant :
2. Address with Pin Code :
.....
3. Contact No. (Mandatory) :
4. Name of Bank with address :
.....
5. Account No. and type of :
A/c (Saving or Current)
6. IFSC Code of Bank :

I, Smt..... widow of late 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 assistance during the year 20.... - 20..... I request that the financial assistance may please be continued to me for the period 01.04.20... to 31.03.20....

Date :

Signature of Beneficiary

Note:

- (a) A photocopy of Cancelled Cheque/Passbook must be attached.
- (b) Attach a copy of address proof, if address has changed.

P.T.O.

PART-II

Verification Certificate from the Local Mohyal Sabha

It is certified 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 20.....-20.....

Signature of (President)

Signature of (Secretary)

Mohyal Sabha

Mohyal Sabha.....

Name.....

Name.....

Address.....

Address.....

Phone Number.....

Phone Number.....

Date.....

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 20....-20.....

Signature

Signature

Whether Patron/Parthisht/GMSLM (√ any one)

Whether Patron/Parthisht/GMSLM (√ any one)

Name.....

Name.....

Address.....

Address.....

Phone Number.....

Phone Number.....

Membership No

Membership No

Date.....

Date.....

PART - IV

Recommendation of Finance Advisory Committee of GMS