



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

Affix Passport
size Photo of
Applicant

APPLICATION FOR GRANT OF FINANCIAL RELIEF TO NEEDY / UNDER PRIVILEGED FOR THE YEAR 20.....- 20.....

(Please fill up Relevant Year)

PART- I

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

1. Name of the Applicant with Caste
 2. Father's Name / Husband Name
 3. Date of Birth /Age
 4. Postal Address with Pin Code
 - where staying at present
 - (Mention if own house/on rent)
5. Permanent Address with Pin Code
6. Telephone/Mobile Number
7. Reason of request for Relief
 - (Give Brief statement)
8. In case if disability (write percentage
 - of disability declared by Medical authority)
9. Present occupation
 - Monthly income
 - (a) From service Rs.
 - (b) From self-employment Rs.
 - (c) From any other source Rs.

Note: Give details of Bank Account alongwith , photocopy of cancelled cheque/passbook

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

It is certified that the information given above is correct.

Date:

(Signature of Applicant)

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. In case of disability, a photocopy of certificate issued by Medical Authority.
4. A copy of Aadhaar Card.

PART-II

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

1. Local Sabha representatives visited the house
and verified the details furnished by the applicant
2. How much financial assistance the Local Sabha
is giving or proposes to give.

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 grant of Financial Aid by the GMS.

Signature of President

Signature of Secretary

Mohyal Sabha
Name with Address
.....
Telephone No.
Date

Mohyal Sabha.....
Name with Address
.....
Telephone No.
Date

OR

Two prominent Mohyals who are either Patron/Partisht/GMS Life Member, where Local Sabha does not exist

Signature

Signature

Name.....
Address.....
.....
Phone No.....
Life Membership No
Date.....

Name.....
Address.....
.....
Phone No.....
Life Membership No
Date.....

PART - III

Recommendation of Finance Advisory Committee of GMS

Secretary Finance