



# 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 RELIEF TO NEEDY / UNDER PRIVILEGED 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,.....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 20\_\_\_ - 20\_\_\_. I request that the financial assistance may please be continued to me for the  
period from 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**