

	Shree Chargam Dasha Porwad Mahamandal Regd. Office: 501, 5th Floor, Pelican Building, Nr Old Natraj Cinema, Opp Vallabh Sadan, Ashram Road Ahmedabad 380009		Ref. F. Y. 2016-17			
	Application for Financial Assistance					
	Scheme/ Purpose					
Name of Main Member		Age		Membership No.		
Address			Phone ()			
			Mobile			
Person(s) for Whom Assistance Required	For Family as a Whole/ For Following Person(s) 1. Age 2. Age			E-mail		
Contact Person for This Application	Name:		Phone ()	Mobile		
			E-mail			
Details of Family Members (Including Main Member)						
Sr.	Name	Relation with Main Member	Age	Occupation	Occupation Details	
1						
2						
3						
4						
5						
6						
Total Family Income		Rs./ month		Rs./ year		
Details of Other Blood Relations (Pl. include all earning/ well-placed relatives, such as Brother, Sister, Son, Daughter, Parents, Grand Children, Grand Parents, etc.)						
Sr.	Name	Relation with Main Member	Age	Occupation	Occupation Details	Whether he/ she can help in cash or kind
1						
2						
3						
4						
5						
6						
Details of Specific Purpose for Which Assistance is Required						
Brief Description (Break-up of cost/ expenses to be given in a separate table below. Pl. use space provided on reverse side for further details and justification.)						
Total Cost/ Expenses (Rs.)						
Assistance Requested (Rs.)						
Repayment Schedule (If Applicable)						
Sr.	Item of Cost or Expense	Total Amount Rs.	When spent/ to be spent	Remarks		
1						
2						
3						
4						
5						
Total						
Date	Signature of Main Member		Signature of Beneficiary Member(s) if Adult			

Further Information/ Justification by the Applicant(s)			
Sign/ Date		Main Member	Beneficiary Member(s)
Comments/ Opinion of Office Bearer/ Managing Committee Member of CDPMM (Representing local CDP Mandal to which the applicant family belongs)			
Relationship with Applicant Family (if any)- To be clearly stated			
Phone ()		Signature	
Mobile		Name	
E-mail		Date	
Comments/ Opinion of Convener of Scheme/ Office Bearer			
		RECOMMENDED/ NOT RECOMMENDED	
		Amount Recommended:	
		Terms Proposed:	
Relationship with Applicant Family (if any) – To be clearly stated			
Phone ()		Signature	
Mobile		Name	
E-mail		Date	
Final Decision and Action			
Remarks		APPROVED/ NOT APPROVED	
		Amount Sanctioned:	
		Terms of Sanction:	
Sign/ Date by President			
Communications (Mode and Date)		Payment Details	
Office Bearer/ MC Member	Applicant	Chq. No(s)./ Date/ Rs./ Bank-Branch	How Remitted
Entered by		Verified by	
Instructions/ Specific Relevant Details of the Scheme			
1.			
2.			
3.			
4.			