



Gowd Saraswat Brahman Sabha, Mumbai.
101, Sreenidhi, 76, Bhau Daji Road, Opp. Bank of Baroda,
Matunga (C. R.), Mumbai - 400 019

APPLICATION FORM

GSB SABHA DESTITUTE SENIOR CITIZEN WELFARE FUND

PROVISION OF MONTHLY SUSTENANCE ALLOWANCE

Application No. : _____

Date & Day : _____

To,
The Managing Committee,
Gowd Saraswat Brahman Sabha, Mumbai,
101, Sreenidhi, 76, Bhau Daji Road,
Opp. Bank of Baroda, Matunga (C.R.),
Mumbai 400 019



Dear Sir/Madam,

I hereby apply for assistance under the captioned Welfare fund of the Sabha and for this purpose, I furnish the following particulars:-

1) Name of the applicant :

First Name	Middle Name	Surname	Sex
			F / M

2) Date of Birth : _____ **Age (completed years)** : _____

3) Gotra : _____ **Kuladevata** : _____

4) Residential Address: _____

Contact No: Landline: _____ Mobile: _____ Email id _____

5) Alternative Contact No: Landline: _____ Mobile: _____

Name & address of that person: _____

6) a) Total number of people in the house:

b) Total Annual Income of the family: (please fill all details in the following table)

Name	Relationship with the applicant	If staying with the applicant	Gross Annual income (Rs.)
	Self		
Total annual income of the family (Rs.)			

10) Benefit(s) availed from any other source(s): - Yes/ No (please tick ✓ whichever is applicable)

If Yes, please mention the details of the same :

Name of the Institution: _____ Amount ` _____

DECLARATION

“I hereby state that I have read the Rules of this welfare Fund and agree to abide to the same. The above information is true to the best of my knowledge and if the same is found to be false, I will, on demand by the Sabha, return the relief granted to me.

Kindly grant me assistance under Sabha’s Welfare fund captioned above and credit the same to my SB account no : _____ with _____ Bank _____ Branch.” (Copy of cancelled cheque attached)

Yours faithfully

Signature of the applicant

Recommended by :

First Name	Middle Name	Surname	Sex	Age
			F / M	

FOR OFFICE USE ONLY

Received Date: _____

Scrutinized by:

- 1. a. Name : _____
- b. Designation in the Sabha : _____
- Signature : _____
- Date : _____
- 2. a. Name : _____
- c. Designation in the Sabha : _____
- Signature : _____
- Date : _____

Observations on Scrutiny :

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Considered by Managing Committee On : _____

Managing Committee Decision :

