

Date:

APPLICATION FOR MARRIAGE ASSISTANCE

To
The President
G.S.B.Sabha's Mahila Shakha
101, Shrinidhi
76, Bhau Daji Road,
Matunga (C. Rly)
MUMBAI 400 019

I wish to apply for assistance from your MARRIAGE ASSISTANCE FUND for enabling me to celebrate the marriage of myself/ daughter/sister*(strike not applicable) which I have fixed for _____ (date). (A copy of the invitation card is enclosed).

My financial circumstances are such that unless I receive assistance from Philanthropic organisations of our Community, I will not be Able to celebrate the marriage of my daughter , I, therefore, request you to kindly sanction me financial assistance to the extent possible for you under your rules. I am giving below the required details to enable the Sabha to render assistance.

1. Name of the Applicant:
(IN BLOCK LETTERS) _____
2. Full address with contact _____
Telephone no. (if any) _____
3. (a) Name of the Bride: _____
(b) Applicant's relationship _____
with the bride
4. Occupation of Applicant _____
5. Employer's name & address: _____
(if employed)
6. Consolidated Annual income _____
Of the Family, i.e. Applicant,
Spouse & children
7. Whether member of the G.S.B. Community: Yes/No (strike not applicable)
8. Particulars of the Family Members dependent on the Applicant:

Sl. No.	Name	Age	Occupation, if any
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

8. I am receiving assistance from the following Institutions, to the extent shown against each. I assure you that I shall celebrate the marriage in a very modest manner and with minimum expenses. The estimate of expenses of marriage is Rs. _____

Signature of Applicant

P.T.O.

Recommendations from TWO persons testifying to the correctness of the Applicant's statement overleaf (one of the persons testifying should be a Member of the Managing Committee of the G.S.B. Sabha, Mumbai (Matunga) or at least a Life Member or Patron.

1) Name:

Address:

Whether Life Member or Patron:

Tel: no.

I certify that I know the Applicant personally and the statements made by him are correct to the best of my knowledge and belief.

Date:

Signature

2) Name:

Address:

Whether Life Member or Patron:

Tel: no.

I certify that I know the Applicant personally and the statements made by him are correct to the best of my knowledge and belief.

Date:

Signature

NOTE: Please attach a Cancelled Cheque of your Bank Account as the Amount will be directly transferred to your Account through NEFT.(Compulsory)

FOR OFFICE USE ONLY

Scrutinised and found in order.

Hon. Secretary

Orders of the President

A sum of Rs. _____ may be sanctioned.

President

Placed in the Managing Committee meeting held on _____

Date of payment: _____