



The Khudabadi Amil Panchayat of Bombay

(Established 1952)

(Registration No. S / 2816 dated 30 / 7 / 1952)

Regd Office : Sindhu House, 1st Floor, Nanabhai Lane, Fort, Mumbai - 400 001.

Phone - +91 (022) 22041655 Website - www.amilsindhis.com Email - amilpanchayat@gmail.com

APPLICATION FORM FOR FINANCIAL ASSISTANCE												Financial Year				
Applicant's Name Mr/Mrs/Miss	Surname															
	First Name															
	Middle Name															
Marital Status (Please ✓)	Married															
	Unmarried															
Seperated																
In case of Married Women, Please state	Maiden Name															
	Father's Name															
	Mother Name															
	Surname															
Present Permanent Residential Address																
	Pincode											Tel No.				
Present Office Address																
	Pincode											Tel No.				
Date of Birth												Age In Years				
		Occupation														
		Monthly Income Gross														
If unemployed, please state so clearly under occupation																
Details of immediate family Members		Name									Age	Relationship				
	1															
	2															
	3															
	4															
(Continued) Details of immediate family Members		Employer					Occupation					Monthly Income Gross Rs.				
	1															
	2															
	3															
	4															
Give details of aid/ assistance received from other		Name of Organization / Trust / Charitable Institution												Amount		
	1															
	2															
	3															
	4															
5																

Type of Aid required (Please ✓)	Educational Aid		Educational Loan Assistance		Medical Aid		Medical Loan Assistance		Maintenance Aid	
Briefly state reason for requesting aid/assistance from K. A. P.										
A amount of aid/ assistance required										

DECLARATION

The Applicant hereby declares that I am a Khudabadi Amil and request the Committee to sympathetically consider my request for AID / Financial Assistance. The information give by me in this application is true and correct. If the information subsequently is found to be untrue, I agree to refund the amount (s) received by me from The khudabadi Amil Panchayat.

Date _____

Signature of the applicant

RECOMMENDATION

This application must be recommended and signed by two respectable members of Amil Panchayat Known to Members of the Managing Committee.

Name / Address of Member of the Amil Panchayat	Age in Years	Details of Recommendation	Signature & Date
1.			
2.			

FOR OFFICE USE

Date of Meeting	Details of Aid/Type of Assistance Sanctioned	Signature of Secretary / Jt. Secretary
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Entered in Member's Register	Details of Disbursement
Signature - Office Assistant	Date : Cheque No. : Amount Rs. :
	Signature - Office Assistant

INSTRUCTIONS

- This form must be completed in CAPITAL LETTERS and signed by person seeking aid / assistance.
- The form must be accompanied with documentary evidence. In case of educational aid, loan assistance please state present school / college, details of admission secured with previous educational qualifications, amount of costs involved and aid / assistance required.
In case of Medical aid / loan assistance please state details of sickness /disease, details of hospitalisation if any, Doctor / Hospital Bills, Doctors recommendation if any.