APPLICATION TO AVAIL SCHEME BENEFITS

Date	e:								
Vast	tipatrak No :								
Shri	Trustees / Committee Members J. H. V. S. Jain Charitable Trust / G mbai	Gnati (Mumba	i)						
Dea	r Sir,								
	: Personal & Family details to ava	il scheme ber	<u>nefits</u>						
I suk	omit herewith my personal & famil	y details to av	ail sche	me ben	efits				
1. Original Member Name : (As per Vastipatrak)		(First Nam	(Father Name)				(Surname)		
2. Current Family Head :		(First Name)						(Surname)	
3. Relationship with Member :		·		(Father / Husband Name)					
4 C	urrent Residence Address :	(Self	/ Wife / S	on / Daugh	nter / Da	ughter in Law / Gra	andso	n etc.)	
7. C									
5. Details of Residence :				Sq. Feet / No. of Rooms : (1 RK / 1 BHK / 2 BH) (Ownership / Pagdi / Renta					
O. O. ataut Batatla			Resi : Mobile :				•		
9. C	ontact Details :	Kesi :				iviobile :			
10.	Family Members Details		_	_					
Sr	Name	Relation	Age	Educa	tion	Occupatio	n	Monthly Income	
1	_	Self							
2									
3		_							
<u>4</u> 5									
6									
7									
\bigcirc c	Our Ration Card is of		Co	lour.					
I am	currently availing / would like to a	avail assistanc	e under	the foll	owing	schemes			
Sr	Scheme Head	Benefit Des	Benefit Desired Yes /			rent Status	Α	pproval Yes / No	
1	Aadhaar Yojana								
2	Anaaj / Oil Sahay								
3	Education								
4	House Rent Relief Yojana								
5	Kutumb Kalyan Yojana								
6 7	Medical Bills								
	Mediclaim Insurance Premium suggestions is :								
Thanking you,		(For Office Use Only)							
You	rs truly,		Application considered in Managing Committee / Trustee Meeting						
		Held or	ı		{	& Sanctioned as	abo	ve	
— (Ме	ember's Signature)	(Autho	(Authorised Signatory) (Authorised Signatory)						

Note: All information sought is mandatory and incomplete application may get rejected