## **SHRI JAMNAGAR & HALAR VISHA SHRIMALI JAIN GNATI (MUMBAI)**

R. K. Building No. 4, Ground Floor Room No. 7, Khetwadi Lane No. 8, Mumbai – 400 004. Tel.: 2380 34 48

## **APPLICATION FOR JAIN / GUJARATI MINORITY CERTIFICATE**

(To be filled in English CAPITAL letters only)

Da	ite :				For Office	Use Only
Gnati Vastipatrak Number :					Application No :	
For New Member – Receipt No :			<del></del>		Remarks :	
Sh	ie Office Bearers / Committee M i <b>ri J. H. V. S. Jain Gnati (Mumbai</b> ) umbai.					
De	ear Sir,					
Re	ef : Issue of Jain / Gujarati Minor	ity Certi	ficate			
<u>M</u>	ember Full Name :					
l re	equest you to grant my		(	specify relation	on : grandson/granddau	ughter/son/daughter
ag	ed ( Years ) Jain / Guja	rati Min	ority Certi	ficate require	d for	
	e details of the applicant are as				(Specify Purpose : Education	
1.	Beneficiary Full Name	:				
	Applicant Full Name	:				
3.	Member Postal Address	:				
4.	Self Attested Proof Attached (Mandatory for Beneficiary & Membe	: :r)	C Ratio	n Card ( ) Aa	dhaar Card ( ) PAN Car	rd (Specify)
5.	Contact Number	:	Cell :		Landline :	
		M	ANDATOR	Y FOR STUDE	NTS	
	A. Last Academic Course	:				
	B. Institute Name	:				
	C. Marks Obtained	:				
				·	ttested Copy of the latest n	·
	D. Applying for course	:	-		_ Institute :	
					_ Institute :	
					_ Institute :	
			IV		Institute :	
Th	anking you,					
Yo	ours truly,					
<u></u>	Jemher's Signature)					
111/	iompor c Signaturol					

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