



Shree Navgam Visanagar Vanik Samaj

Mumbai : 6/8, Anantwadi, Nagar Nivas, Bhuleshwar, Mumbai - 400 002. I Tel.: 2206 3802

Kandivali : C-301, Gokul Heights, Mathuradas Road, Kandivali (West), Mumbai - 400 067. Tel. 022-2808 4024 / 25

Virar : C-301, Vithal Nagar, Ram Mandir Road, Virar (West), Thane - 401 303. Mob.: 99603 41359

FINANCIAL RELIEF (AARTHIK RAHAT) FORM

Declaration

To,
The Sanchalak,
Dear Sir,
I, undersigned member of the **SNVS**, request you to Provide me / us with the Financial Relief.
Thanking you for doing the needful.

Voting Centre : Mumbai Kandivali Virar Other

Vasti Patrak No. : _____ Date : _____

Applicant Information

Name : _____
(First Name) (Father / Husband's Name) (Surname)
Date Of Birth : _____ Age : _____ Native Place _____ Gotra : _____
Resi. Address : _____
City : _____ Pin Code : _____
Mobile No.: _____ Tel. : (O.) _____ Tel. : (R) _____ Married Unmarried
Email ID : _____ Blood Group : _____

Other Details

Earning Family Members : _____ No. of Family Members Staying Together : _____
Annual Income : _____

Recommendation

To,
The Sanchalak,
Dear Sir,
I, undersigned member of the **Samaj**, know the above mentioned person and he/she is in need to receive the Financial support from our Samaj.

Recommendation (Introduction) of any one Samajjan from same Vibhag.

Vasti Patrak No. : _____

Name & Signature of Samajjan

Name & Signature of Sanchalak
(Aarthik Rahat Yojna)

Name & Signature of Applicant

For Office Use

Received Financial Support Form as above and put up to the Committee Meeting which was held on Day _____ Date _____. This Financial Support Application has been accepted / rejected by the Committee Members.

Application Passed on Date : _____

Receiver's Signature _____