



CHRISTIAN COMFORTING MINISTRIES

Application for Financial Assistance for CALAMITY RELIEF

_____CY

Reg. Dt. _____

a. Pl fill the form completely b. ## Where space is insufficient please use the page overleaf or additional sheets.

1. Name of the Applicant :
2. Complete Address (including Pin-code) :
3. Contact Phone No & Email ID. :
4. Nature of Calamity encountered :
5. Date and place of calamity :
6. Extent of damage/ loss incurred ## :
(Brief description and approximate estimate in Rs.)
7. If married, details of all the family members ## : (excluding the Applicant)

PIN
PASSPORT SIZE
PHOTO OF
APPLICANT
HERE

Sl.No.	Name	DOB	Marital Status	Occupation	Relationship with Applicant
Spouse					
Child 1					
Child 2					

8. Annual total income of family members : Rs .
9. Name of Guardian (if any) :
10. Purpose for which Financial Assistance is sought :
11. Details of assistance received so far from :
 - a. Relatives & Friends : Rs .
 - b. Other agencies : Rs.
 (Please furnish name of funding Agency , address & Contact Phone & details of the Scheme)
12. Are you a full time servant of God? Y / N
If Yes, Name and address of Church /Mission, Years of service and Details of ministry to be provided along with the form. Please see Guidelines attached.
13. If you or your family members have received assistance from CCM earlier, please give details :
14. Bank account details ## : Name of Bank, Name of Branch, IFS Code :
15. Name of A/c Holder as in Passbook ## A/c No.

Place : _____ Signature of Applicant :

Date : _____ Signature of Guardian (if any)

Enclosures () { Verify attachments and place a tick mark inside the brackets }

1. () Passport size Photograph of the Applicant pinned at top right
2. () Photo of the Calamity struck area indicating clearly the extent of damage / loss
3. () Photo of the calamity – struck Family
4. () Newspaper reports on the calamity
5. () Xerox copy of **Ration card** / Voter's ID Card / Old age home ID Card / Aadhaar Card / Any other Photo ID Card issued by the Govt. (for proof of residential address)
6. () Certificate issued by Govt . Authority on the extent of damage / loss
7. () Xerox copy of FIRST page of bank pass book

If you are a full time servant of God

8. () Your write up (1 page) with regard to details of life /witness/ service (as per Guidelines attached).
9. () For Applicant/Mission **known** to CCM, provide recommendation as per Annexure .

For, Independent Pastor/ Evangelist / Missionary and Organization and CEO **not known** to CCM, recommendations by two Local Christian Leaders known to CCM to be provided.

Cases more than 12 months old not entertained.



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RECOMMENDATION BY CEO OF MISSION / CHRISTIAN LEADER # KNOWN TO CCM (# should have known the applicant for 5 years or more)

1. Name of the Applicant :
2. Nature of Calamity encountered **##** :
3. No. of years the family is known to you :
4. Nature of your connection with this family **##** :
5. No. of years the Applicant is known to you :
Applicants from Mission Organizations :
Please attach a Service Certificate on the
letter head of the Mission.
6. Date of your last visit to or meeting with :
the Applicant
7. Your Assessment about the present status of support provided to this calamity struck family:
 - a. Emotional :
 - b. Spiritual :
 - c. Financial :
 - d. Any other(Please specify) :
8. Your recommendation on comforting steps to be taken by CCM for this calamity struck family :
 - a. Emotional :
 - b. Spiritual :
 - c. Financial :
 - d. Any other (Please specify) :

Name :

Phone No. & Email id:

Signature & date :

Important Note: For, Independent Pastor/ Evangelist / Missionary and Organization and CEO **not known** to CCM, recommendations by two local Christian Leaders (who know the ministry of the Applicant for 5 years or more) known to CCM to be provided.

CHRISTIAN COMFORTING MINISTRIES, 9A, Sixth Main Road, Dhандeeswarar Nagar, Velachery, Chennai - 600042. Phone:
044- 22431589; (Kindly send the form with the required recommendation to the above address)

E-mail : comfortccm@gmail.com website : www.christiancomfortingministries.com Draft : 17.12.2018



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Guidelines

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Testimony / Ministry Details of Full Time Pastors / Evangelists / Missionaries

- I. A brief, about one page note
- II. Give details for each period (e.g.) 1993-2003 Schooling 1-10 Std, Name of School, Place
 1. Date of Birth, Place of Birth, Name of Parents
 2. Education : School, College, Bible College, Other Training
 3. Secular Work Experience (if any)
 4. Salvation Experience
 5. Call to Full Time Ministry
 6. Details of Full Time Ministry
Year, Place, Details (What ministry, How many reached with Gospel)
 7. Family : Date of Marriage, Details of Spouse, Children
(Name, Age, Male / Female, Present Occupation, Relationship with the applicant)
 8. Details of Post retirement Part Time Job done, if any
 9. Please add Name, Signature and Date

கிறிஸ்தவ ஆறுதல் ஊழியங்கள்
சென்னை - 600 042

முழுநேரத் திருப்பணியாளர்களின் சாட்சி / ஊழிய விவரங்கள்

- I. கீழ்க்கண்ட குறிப்புகளுடன் மிக சுருக்கமாக சுமாராக ஒரு பக்கத்திற்கு தனித்தாளில் எழுதி விண்ணப்பத்துடன் இணைக்கவும்.
- II. ஒவ்வொரு காலக்கட்டத்திற்கும் விவரம் கொடுக்கவும். (உ.ம்.) 1993-2003 கல்வி 1 முதல் 10ஆம் வகுப்பு, பள்ளி, ஊர்.
 1. பிறந்த தேதி, ஊர், பெற்றோர் பெயர்
 2. படிப்பு : பள்ளி, கல்லூரி, வேதாகமக் கல்லூரி, ஏனைய பயிற்சி
 3. உலகப் பிரகாரமான பணி அனுபவம் (இருந்தால்)
 4. இரட்சிப்பின் அனுபவம்
 5. முழுநேரத் திருப்பணிக்கு அழைப்பு
 6. முழுநேரத் திருப்பணி விவரம்
ஆண்டு, இடம், விவரம் (என்ன திருப்பணி, சுமார் எத்தனை நபர்களுக்கு நற்செய்தி அறிவிக்கப்பட்டது)
 7. குடும்பம் : திருமண நாள், கணவர்/ மனைவி, குழந்தைகள் விவரம்
(பெயர், வயது, ஆண் / பெண், இன்றைய பணி, விண்ணப்பதாரரின் உறவு முறை விவரம்)
 8. பணி ஓய்வுக்குப் பின் ஏதேனும் பகுதி நேர பணி செய்தால் அதின் விவரம்
 9. பெயர், கையொப்பத்துடன் தேதி.

CHRISTIAN COMFORTING MINISTRIES, 9A, Sixth Main Road, Dhandeeswarar Nagar, Velachery, Chennai – 600 042.

Phone: 044 - 2243 1589; (Kindly send the Write up with the Application and all enclosures to the above address)

E-mail : comfortccm@gmail.com website : www.christiancomfortingministries.com

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