



# CHRISTIAN COMFORTING MINISTRIES

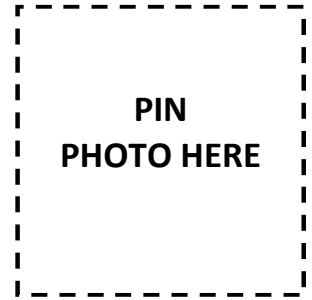
## Application for Financial Assistance for DIFFERENTLY ABLED

DA

Reg. Dt.

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

1. Details of the Differently Abled person :
  - a . Name :
  - b . Date of Birth :
  - c . Complete Address (including pin-code) :
  - d . Contact Phone No ./ email ID :
  - e . Marital Status :
2. If married, details of family Members :



Sl.No.	Name	DOB	Marital Status	Occupation	Relationship with Patient
A					
B					
C					
D					

3. Annual total income of family : Rs .
4. Name of the Parent/ Guardian ( if any ) :
5. Nature of physical disability :
6. Present status of physical disability :
7. Purpose for which Financial Assistance is sought :
8. 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 )
9. If you or your family members have received assistance from CCM earlier, please give details :
10. Name of your Bank /Branch Name, Address and IFS Code No.:
11. Name of A/c Holder & 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. ( ) Photograph of the Differently Abled person clearly identifying the disability
2. ( ) Copy of ID Card on your disability issued by Govt. Authority
3. ( ) 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 )
4. ( ) Bills for Rehabilitation Expenses incurred :
  - i. Vocational                      ii. Occupational
  - iii. Educational                      iv. Appliances                      v. Others ( Please specify )
5. ( ) Xerox copy of FIRST page of bank pass book

### If you are a full time servant of God

6. ( ) Your write up (1 page) with regard to details of life /witness/ service.
7. ( ) 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.



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### Annexure to Application for Financial Assistance for DIFFERENTLY ABLED

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#### RECOMMENDATION by CCM TRUSTEE / ADVISOR

1. Name of the Differently Abled person :
2. No. of years the Differently Abled person is known to you :
3. Nature of your connection with this Differently Abled person :
4. Date of your last visit to this Differently Abled person :
5. Your Assessment about the present status of support provided to the Differently Abled person:
  - a . Emotional :
  - b . Spiritual :
  - c . Financial :
  - d . Any other( Please specify ) :
6. Is there any NGO specialized in providing help to such Differently Abled to whom we can reach out for further help to this person?
7. Your recommendation on comforting steps to be taken by CCM for this Differently Abled person:
  - 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 known to CCM to be provided.

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