



# CHRISTIAN COMFORTING MINISTRIES

## Application for Financial Assistance for RETIRED PASTORS / EVANGELISTS / MISSIONARIES

SSG

Reg. Dt.

a. Pl fill the form completely b **##** Where space is insufficient please use the page overleaf or additional sheets.  
(In the case of a couple, separate application to be submitted by each spouse)

1. Details of the Applicant :
  - a. Name :
  - b. Date of Birth (DOB) :
  - c. Complete Address (including Pin-code) **##** :
  - d. Contact Phone No. / email id :
  - e. Marital Status :
  - f. Name and address of church/ mission :  
Served **##**
  - g. No. of years of full time service :
  - h. Details of ministry rendered while in service :

**PIN  
PASSPORT SIZE  
PHOTO OF  
APPLICANT  
HERE**

2. If married, details of all the family members **##** : (excluding the Applicant)

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

3. Annual total income of the Applicant (Pension + others) : Rs.

4. Nature of Assistance required from CCM :

- a. Medical : b. Others (please specify) :

5. If you or your family members have received financial assistance through CCM earlier, please give details : Name of person who received assistance

for what need : CCM No. : Amount : Rs. Month/Year

6. Bank account details **##** : Name of Bank, Name of Branch, IFS Code :

7. Name of A/c Holder as in Passbook **##** A/c No.

Place : Signature of Applicant :

Date :

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

1. ( ) Passport size Photograph of the Applicant pinned at top right
2. ( ) Xerox copy of Birth Certificate/ School certificate ( for proof of age > 60 years )
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. ( ) Ministry Certificate from the CEO of the Mission served on his letter head, indicating type of ministry, number of years of full time service and date of birth as per records of the mission. ( Total years of service should be > 10 years. )
5. ( ) Medical report on chronic illness(if any) and regular medical expenses incurred per annum Rs.
6. ( ) Xerox copy of FIRST page of bank pass book
7. ( ) Write up by the applicant (1 page) with regard to details of life /witness/ service (see Guidelines attached- Annexure 3).
8. ( ) For Applicant/Mission **known** to CCM, provide recommendation as per Annexure 1.  
For, Independent Pastor/Evangelist/Missionary and Organization and CEO **not known** to CCM, provide recommendations by two local Christian Leaders (who know the ministry of the applicant for 5 years or more) known to CCM.
9. ( ) Offering regular prayer support to CCM Comfortees / Ministry (Annexure - 2 SSG)

Note: **Applicants below 60 years of age not entertained.**

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

Phone: 044 - 2243 1589; ( Kindly send the form with the required recommendation to the above address)

E-mail : [comfortccm@gmail.com](mailto:comfortccm@gmail.com) website : [www.christiancomfortingministries.com](http://www.christiancomfortingministries.com) Draft : 05.12.2018



# CHRISTIAN COMFORTING MINISTRIES

Annexure - 1

## Annexure 1 to Application for Financial Assistance for RETIRED PASTORS / EVANGELISTS / MISSIONARIES

S.S.G

Reg. Dt.

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

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

1. Name of the Retired Servant of God (Applicant) :
2. No. of years of full time service rendered :
3. 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, including the date of birth of the Applicant as per the records of the Mission
4. Nature of your connection with the Applicant :
5. Date of your last visit to or meeting with the Applicant :
6. Your Assessment about the present status of support provided to the Applicant:
  - a . Emotional :
  - b . Spiritual :
  - c . Financial :
  - d . Any other( Please specify ) :
7. Your recommendation on comforting steps to be taken by CCM for the Applicant :
  - a . Emotional :
  - b . Spiritual :
  - c . Financial :
  - c . Any other ( Please specify ) :
8. Recommending Authority :

Name	:
Phone No. & Email id	:
Signature & date	:
Rubber Stamp	:

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

Annexure 2 to Application for Financial Assistance for  
RETIREED PASTORS / EVANGELISTS/MISSIONARIES

SSG

Reg. Dt.

### Prayer Support to Christian Comforting Ministries (CCM)

#### Applicant and Family

We as Individuals / as a Family / as a Prayer Group would be happy to  
**pray for CCM Comfortees / Ministries** regularly.

Please send Monthly Prayer Circular  
(tick your preference; can tick more than one option if required)

1. **Language** Tamil  English  Tamil and English
2. **Through** Email  WhatsApp  Hard Copy by post

.....

Email ID

WhatsApp Mobile No.

.....

.....

.....

Postal Address with PIN

Signature of Applicant with date

Name \_\_\_\_\_



# CHRISTIAN COMFORTING MINISTRIES

Guidelines for details of Life / Witness / Service  
Application for Financial Assistance for  
RETIRED PASTORS / EVANGELISTS/MISSIONARIES

## 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.