



CHRISTIAN COMFORTING MINISTRIES

Application page - 2

Application for Financial Assistance for RETIRED PASTORS / EVANGELISTS / MISSIONARIES

SSG
Reg. Dt.

Details of children ##.

Sl. No.	Name	Date of Birth (dd/mm/yyyy)	Male/ Female	Unmarried/ Married/ Widow/ Widower	Occupation
1					
2					
3					

6. Brief details of any special challenges faced by you now, such as dependent parents/ siblings/ children, chronic illness, etc. ##.

Declaration to offer regular prayer support to CCM Comfortees / Ministries (CCM) by Applicant and Family

We as Individuals/ Family/ 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 code

Place: Signature of Applicant (with blue ink):

Date: Name: Mr/ Mrs/ Ms

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

- Passport size Photograph of the Applicant pinned at top right of Application Page 1
- Xerox copy of Birth Certificate/ School Certificate (for proof of age)
- Xerox copy of Ration card / Aadhaar Card / Voter's ID Card / Any other Photo ID Card issued by the Govt. / Old age home ID Card (for proof of residential address)
- Medical report on chronic illness (if any) and approximate regular medical expenses incurred per annum (in Rs).
- Xerox copy of FIRST page of bank passbook
- For Applicant/Mission **known** to CCM, provide recommendation in **Annexure - 1**.
- Write up by the applicant (1 page) with regard to details of life /witness/ service (see attached **Annexure - 2**).

CHRISTIAN COMFORTING MINISTRIES, 22 (Old 9A), Sixth Main Road, Dhandeeswarar Nagar, Velachery, Chennai – 600 042.
Phone: 044 - 22431589;

(Kindly send the application form with the above enclosures to the above address)

E-mail: comfortccm@gmail.com

website: www.christiancomfortingministries.com

Date of Issue: 30.07.2020 v1



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

Annexure - 1

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- a. Please fill the form completely b. **##** Where space is insufficient please use the page overleaf or additional sheets.
c. **Important Note:** For, Independent Pastor/ Evangelist / Missionary and Organization and CEO not known to CCM, recommendations by two local Christian Leaders known to CCM (who know the ministry of the Applicant for 5 years or more) to be provided in this format.

RECOMMENDATION BY CEO OF MISSION / CHRISTIAN LEADER

1. Name of the Retired Servant of God (Applicant) : Mr/ Mrs/ Ms
2. Date of birth of the Applicant
(as per the records of the mission) :
3. Date of joining the mission :
4. Age of joining mission :
5. Date of retirement :
6. No. of years of full time service in the **Mission** :
7. No. of years in **Field Ministry** :
8. Brief details of **Field Ministry** :

9. No. of years the Applicant is known to you :
10. Amount of pension paid (per month) : Rs.
11. Nature of your connection with the Applicant (contexts, frequency of meetings, relationship with Applicant) **##** :

12. Date of your last visit to or meeting with
the Applicant :
13. Recommending Authority:
Name: Mr/ Mrs/ Ms
Phone No. and Email id :
Signature (with blue ink), date and seal :



CHRISTIAN COMFORTING MINISTRIES

Annexure - 2 for Application for Financial Assistance for RETIRED
PASTORS/ EVANGELISTS/ MISSIONARIES

Annexure - 2

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Reg. Dt.

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

Where space is insufficient please use the page overleaf.

1. Education (College, Bible College, Other Training) and Secular Work Experience (if any)/
படிப்பு (கல்லூரி, வேதாகமக் கல்லூரி, ஏனைய பயிற்சி), உலகப் பிரகாரமான பணி அனுபவம்
(இருந்தால்)

2. Salvation Experience/ இரட்சிப்பின் அனுபவம்

3. Details of call to Full Time Ministry/ முழுநேரத் திருப்பணிக்கு அழைப்பு

4. Details of Full Time Ministry (Year, Place, Details - What ministry, approx. number reached with Gospel)/ முழுநேரத் திருப்பணி விவரம் (ஆண்டு, இடம், விவரம் - என்ன திருப்பணி, சுமார் எத்தனை நபர்களுக்கு நற்செய்தி அறிவிக்கப்பட்டது)

Place:

Signature of Applicant (with blue ink):

Date:

Name: Mr/ Mrs/ Ms