



PUNNAYURKULAM WELFARE COMMITTEE

പുന്നയൂർക്കുളം വെൽഫെയർ കമ്മിറ്റി



കുടുംബ സഹായ ഫണ്ട്

NAME :		DATE OF BIRTH
BLOOD GROUP	PO BOX :	TEL (Off)
MOBILE	TEL (RES)	EMAIL
CO. / SPONSOR DETAILS		CONTACT NO
ID NO		PASSPORT NO
<u>HOME ADDRESS</u>		
MAHAL		TEL NO.
<u>FAMILY DETAILS (Wife & Childrens)</u>		
WIFE NAME :	DATE OF BIRTH	JOB :
CHILDREN NAME 1)	DATE OF BIRTH	JOB / EDUCATION :
CHILDREN NAME 2)	DATE OF BIRTH	JOB / EDUCATION :
CHILDREN NAME 3)	DATE OF BIRTH	JOB / EDUCATION :
CHILDREN NAME 4)	DATE OF BIRTH	JOB / EDUCATION :
CHILDREN NAME 5)	DATE OF BIRTH	JOB / EDUCATION :
Priority 1		
NAME OF BENEFICIARY		RELATION SHIP
<u>ADDRESS</u>		
TEL NO.		
Priority 2		
NAME OF BENEFICIARY		RELATION SHIP
<u>ADDRESS</u>		
TEL NO.		
Priority 3		
NAME OF BENEFICIARY		RELATION SHIP
<u>ADDRESS</u>		
TEL NO.		
<u>CONTACT NOMINEE IN QATAR</u>		
NAME		RELATION SHIP
TEL. (Res)	TEL (Off)	MOBILE
I have read and understood the rules of the Kudumba Sahaya Fund. I undertake to abide by the rules and regulation.		
SIGNATURE		DATE
FOR OFFICE USE		
PRESIDENT	SECRETARY	TREASURER