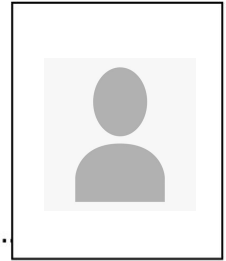


New Hope – Contributor / Voluntary Staff Member Form (Individual)



1. Name of Applicant : TEST-1..... Sex MALE.
2. Father / Husband Name : KUMARESON.....
3. Date of Birth : 1997-02-13..... Age 28..... Blood Group A+.....
4. Name of Denomination : TEST.....
5. Name of Church / Mission : CALS MISSION CHURCH.....
6. Applicant's Address : 8-454B, TEST.....
..... Pin code 629.805.....
Mobile No 9089898989..... E mail TEST.1@GMAIL.COM.....
7. (i) Mother Tongue : TAMIL..... other Languages You Know ENGLISH, MALAYANAM
(ii) Educational Qualification : (Secular) B.SC.....
a. Theological Education : BACHELOR OF THEOLOGY.....
b. Missionary Training if any : CALS MISSION CHURCH.....
8. Years of Experience in Ministry : TEST.....
9. Date of Ordination in Ministry : 2025-06-12. Pastor / Evangelist / Any other. PASTOR
10. Your Present position in your organization : Missionary / Pastor / Any other: PASTOR
11. Name of Organization that ordained you : CALS MISSION CHURCH.....
12. Name of mission Field you Work : PASTOR.....
(District: KANYAKUMARI. State TAMIL NADU..... Nation : India)
13. Nearest Railway station from your mission Field : ERANIEL.....
14. Distance from the nearest Railway station to your field: 12..... (km)
15. Nearest Town / city from your Mission field : NAGERCOIL.....(km).....
16. Number of families in your church : 4.....
17. Church has: own building / own land without building /rented / Leased: OWN BUILDING
18. Church building Roof : Concrete / Asbestos /Tiled / Thatched : CONCRETE.....
19. Church is Registered under : Trust Act / Society Act / Unregistered : TRUST ACT.....
20. Monthly Income of your Church is Rs. 5000..... (Approximately)
21. Name of the Organization that supports you Financially : CALS MISSION CHURCH..
22. Monthly Support or salary you receive : Yes / No (If Yes Rs. YES.....20000.....)
23. Are you Ministering as : Part time / Full Time Pastor: PART TIME.....
24. Are you working in any : Government / Private / Own Business : Yes / No.....YES.....
25. If you are working (in any Government / Private job) your salary / month : PRIVATE JOB
26. Family Details : (Attach a family Photo, if Possible)

Sl. No	Name	Relationship to Applicant	Date of birth	Age	Occupation
	RANI	DAUGHTER	2002-05-29	23	NO
	ARUN	SON	2004-06-10	21	NO

27. Have you ever divorced : Yes / No: **NO** (If yes year of divorce :)
 28. Do you have any sickness like : Cancer / Heart ailments / Any other ? **NO**
 29. Are you a physically challenged : Yes / No (If yes state : **NO**)
 30. Is any one in your family physically challenged : Yes / No (If yes Name : **NO**)
 31. Is any one in your Family Working as staff in New hope ? Yes / No :
 32. If yes to Q - 31 Name and address :

33. Are you willing to join in New Hope Project on personal willingness? Yes / No : **NO**

34. Will you contribute annually and regularly? Yes / No :

35. Your Bank Details : (Nationalized Bank)

Bank Name : **STATE BANK OF INDIA**.....

Bank Branch Name : **KARUNGAL**.....

(Branch Code) **908.507**.....

Bank Branch IFS code No : **564545323**.....

Your Account No : **90876543212**.....

Your Account is : Saving / Current / NRI **SAVING**.....

36. Your Nominee's Name :

Nominee's Relationship to You : **WIFE**.....

Nominee's Account Number if any : **67890543212**.....

Bank Name : **STATE BANK**.....

Place : **KARUNGAL**.....

IFS code : **7867**.....

37. Address Proof (Attach a copy). Aadhaar / Ration card / Voter ID / any other .


Declaration



I, hereby Declare that all information that I have given above are true to the best of my knowledge and I would agree all the terms and conditions that are now and will be made every now and then in future for the better service of New Hope Project. I also agree to settle the matters if any within the judicial jurisdiction at Nagercoil.

Placed by **MANANVILAI**

Date: **2025-06-06**


 (Applicant's Signature)

Introduced / Recommended by : **TEST**.....

New Membership contribution Rs: **700**..... Paid on : **2025-06-11**.....

If paid by DD/Cheque No : **879**..... Date : **2025-06-04**.....

For Official use only

Accepted / Rejected : **ACCEPTED**

Receipt No : **1222**.....

Verified by : **TEST**.....

Membership No : **CM**.....**23**.....

Date : **2025-06-13**.....

Director / General Secretary