

## New Hope - Medical Help Application Form

(Heart / Cancer / Brain / Accident / Amputation / Kidney / Coma)

1. Name of Applicant : .....TEST.....
2. Applicants Membership number in New Hope Project : .....4.....
3. Applicants Date of Birth : 1989-06-17..... Age : 36..... Sex : MALE.....
4. Address : 6-784, MONDAY MARKET.....  
..... Pin code : 629 805.....  
Mobile No: 2147483647..... Email ID : TEST1@GMAIL.COM.....
5. Name of the Mission field or place you work : MONDAY MARKET.....
6. Have you ever Graduated from CALS : Yes / No (If yes , Course ....YES..... and year ...2000.....) BACHELOR OF THEOLOGY
7. Year you joined in New Hope Project : 2000.....
8. Have you been paying new hope annual contribution / Donation regularly : Yes / No NO
9. If "No" for Q-8, from Which year you have failed to give contribution ? Year : 2025-06-06
10. Name of your area coordinator of New Hope Project? : KUMAR.....
11. Have you ever got any other help from New Hope Earlier ? Yes / No YES
12. If yes for Q - 11 for which you got help from New Hope? ....YES..... Year : 2001
13. Nature of Sickness : Heart / Cancer / Kidney / Brain / Coma / Accident / Amputation / Any other (specify) CHOOSE A OPTION
14. Name of the Hospital where Treatment taken : TREATMENT.....
15. Name of the Doctor, who treats you : TEST.....
16. Medical Expenses thus far spent Rs.: SIX THOUNAND.. (in words .....)
17. Average income of your Church / Monthly : 100000.....
18. List of Medical records attached : Doctor's Prescription .....  
Treatment case Sheet .....  
Copy of Medical Bills Paid .....
19. Address Proof (Attach a copy). Aadhaar / Ration card / Voter ID / any other .....

### Declaration

I, hereby declare that the above information is true to the best of my knowledge . If there is any false claim, I agree to repay it to New Hope.

Place: MONDAY MARKET

Date: 2025-06-10.....

  
Your's Faithfully

Verified and forwarded by : Mr / Mrs. TEST..... District Co-coordinator , New Hope coordinator's Signature. ....

### **For Official use only**

Verified by : ADMIN.....

Rejected or Granted by board meeting on : 2025-06-19.....

If granted, Granted Amount Rs : NINE THOUSANDS.... (in words .....)



Secretary



Treasurer



Signature of Director / In charge  
(for the Board)