## <u>New Hope - Parsonage Circulating Fund Application Form</u>

1. Name	of the Applicant	:MQNIKA				
2. Date o		:1.990-06-12				
3. Father	's Name	:KUMAR				
4. Your M	Your Membership Number in New Hope Project:4					
5. Name						
	Church Denomination :CALS					
7. Name	Name & Address of your Head Pastor / Mission Leader :RAVI KUMAR					
0 Anorro	Ana yay naying mambarahin Danatian yagularlayta Nayy Hana , Vag / Na NO					
-	3. Are you paying membership Donation regularly to New Hope: Yes / No NO					
9. Is your church Registered: Yes / No (if Yes: Society / Trust) YES  10. Do you have church Descen Committee? Yes / No (if Yes: elected / Nominated) NO						
10. Do you have church Deacon Committee? Yes / No (if Yes : elected / Nominated) NO 11. Do you maintain church accounts and annually audit the accounts? Yes / No YES						
12. What is average income of your church monthly? Rs:						
13. Will your church put surety for the Circulating fund to New Hope? Yes / NoYES						
14. Has your church passed a resolution to pay back the Circulating fund to New Hope? Yes/No NO						
15. Have you ever received any benefits from New Hope project? Yes / No YES						
16. If Yes to Q-15 Name the benefit? Medical / Educational / vehicle / house/Any other CHOOSE						
17. Will you permit New hope Team in your church for donation once in a year? Yes / NoYES						
18. Do you have own land proposed for parsonage? Yes / No YES						
19. Is there any dispute in court or in any other place for that land? Yes / NoYES						
20. Have you ever got any pledge in that land in any private or scheduled bank? Yes / No NO						
21. How far is the nearest church from your church?						
22. Attach : 1. Document copy of land, proposed for parsonage						
2. Church Committee resolution to pay the Circulating fund back to New Hope						
3. Your church registration copy (Trust / Society)						
4. Audit Report of your church of the Last financial year.						
	5 Submit the building permission certificate or plan approval					
	6. Personal Tes			F	STATE OF THE STATE	
23. Address Proof (Attach a copy). Aadhaar / Ration card / Voter ID / any other						
Declaration Image not available						
I / We hereby declare that the above information given by me/Us are true to the best of my / our						
knowledge . I / We agree the terms and conditions of New Hope project that are now and will be made if any in						
future.						
Plac <b>≰</b> ∕ARUNGAL			Your's Faithfully			
Date: 1990-06-21						
10 1010	_	For Official us	<u>se only</u>	(1) Eron		
Verified by:TEST						
Placed the proposal for the board meeting on: 2025-06-14						
Rejected or Approved by board:REJECTED						
If approved, the amount granted TRYOTHOUSAND (In words)						
B. Em		B. Brin		B. Km		
Director		Cognotomy		Troocurer		
Director		Secretary		Treasurer		
Remarks if any:		REMARK				
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