

New Hope –Partner / Membership Application form (Mission)

1. Name of Mission :**LUSY**.....
2. Head / Registered office Address : **.8-454B, TEST**.....
.....
Phone : **.2147483647**..... Email : **.....TESTING@GMAIL.COM**.....
Web: **.....WWW.GOOGLE.COM**.....
3. Year of Founding **...2025-06-12**..... Founder's Name : **RAVIKUMAR**.....
4. Year of Registration : **2025-06-12**..... Registration Number : **89008** District : **KANYAKUMARI**.....
5. Registered under : (Society Act / Trust Act.) Registered State : **SOCIETY.ACT.TAMILNADU**
6. Number of Persons in the Board : **....2.....** (Men **.....7.....** Women **.....7.....**)
7. Name of the chief Functionary /Director : **.....RAVI**.....
Mobile : **.2147483647**..... Email: **..CALSBBHARAT@GMAIL.COM**.....
8. Is your mission a member of MUT / IMA/EFI/Any other? : Yes / No (Name it **.....YES**.....)
9. Number of Pastors / Workers in your mission : **...2.....** (Men **..3.....** Women **..5.....**)
10. Are you a branch of any international Mission? Yes / No : **.....YES**.....
11. Does your mission get any Fund from abroad missions ? Yes / No : **..NO**.....
12. Does your Mission have FCRA Number? Yes / No : **...YES**.....
13. Does your Mission have any legal dispute in court? Yes / No : **...NO**.....
14. Has your Mission passed a resolution to join in New Hope project? Yes/No : **...NO**.....
15. If yes to Q-14 , date of resolution : **..2025-06-14**..... (Send a copy of resolution) **Image not available**
16. Details of Fields : (Number of States of Your Mission work presently: **...FIELDS**.....)

Sl. No	Name of states you work in India	Languages of People in your Fields	People Groups : Tribal / Dalits/ Gipsy / Transgender / BC/others
1	TAMIL NADU	TAMIL	BC/OTHERS
2	TAMIL NADU	TAMIL	BC/OTHERS
3	TAMIL NADU	TAMIL	BC/OTHERS
4			
5			
6			
7			
8			
9			
10			
11			
12			

- TRIBAL & TMS VILLAGES**
17. Your mission Focus on : Tribal's / Dalits / Gipsy / Transgender / Backward class
18. Your Mission Fields are in: Villages / Town / Cities / Hills / All : (Tick, Suitable only)
19. Number of Vehicles, Your mission has : Two wheeler2..... Cars3.....
 Van2..... Bus2..... Any other vehicles.....0.....
20. Number of Churches you have build : Concrete2..... Tiled3.....
21. Number of plots you own without Church building :3.....
22. Do you have any children home or orphanage?NP.....
23. Name of the Bank your mission maintain Accounts : **STATE BANK**.....:
24. Bank Branch Name : **KARUNGAL**..... IFSC No : **8908**.....
25. Your Account No : **90876543212**..... (SB/CA/NRI)

Declaration

I/We, hereby declare that all information that I /We have given above are true to the best of my / our knowledge and and I/We 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/We also agree to settle the matters if any within the judicial jurisdiction at Nagercoil.

Place: **KARUMAVILAI**
 Date: 2025-06-12



 (Applicant's Signature)

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

New Membership contribution Rs:700..... Paid on : ..2025-06-18.....
 If paid by DD/Cheque No :879..... Date : ...2025-06-13.....

For Official use only

Accepted / Rejected : **ACCEPTED**.....
 Receipt No :76.....

Membership No : **PM**.....23.....
 Date : ..2025-06-20.....

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

Director / General Secretary