Receipt No. ……

Received on ……

Issued on ……

Shri Maheshwari Samaj, Jaipur

Administrative office: Third floor, MPS Int. School,

Tilak Nagar, Jaipur Phone No. 2621644 (Whatsapp No.01412623500)

Registered office address: Shri Maheshwari Bhavan, Singhi Ji Ka Rasta, Chaura Rasta, Jaipur

Application form for assistance under Mahesh Seva Kosh 2025-28

1. Applicant Name: _____ S/o / D/o: _____ Gotra: _____

2. Residential Address: _____
_____ Chaukdi: _____ Zone No.: _____

3. Mobile No.: _____ House Owned/Rented: _____
Monthly Rent: _____ (Attach copy of Rent Agreement)

4. Duration of Stay in Jaipur: _____ Original Native Place: _____

5. Total Family Members - Married: _____ Unmarried: _____

6. Reason for Financial Assistance: _____

7. Total Monthly Income of Family Members: _____
8. Community Member Number: _____

Occupation or job details of earning members in the family

1) Name: _____ Business/Service: _____
   Name/Address of Employer/Shop Owner: _____
   Mobile No.: _____ Firm PAN: _____
   Income from Business/Service (Rs.): _____
2) Name: _____ Business/Service: _____
   Name/Address of Employer/Shop Owner: _____
   Mobile No.: _____ Firm PAN: _____
   Income from Business/Service (Rs.): _____

9. Receiving assistance since when: _____

10. Previous assistance received: _____

11. For what purpose assistance is needed now from applicant: _____

Details of family members

Sr.No.	Name	Relation	Age	Service/Business	Monthly Income	Student School Name / Class
1.						
2.						
3.						
4.						
5.						

12. Number of vehicles used in family: _____
Motorcycle/Scooter/Car: _____

Note: It is mandatory to fill all the columns of the form and attach all the documents as per the rules.

13. Recommendation of the Social Executive Member (2025-28) of your Quartet
(All the society executive members are requested to read the rules of the assistance form of 'Mahesh Seva Kosh' carefully and verify it with their own discretion because the interest of the society is paramount so that the real needy can get the benefit of the assistance.)
Note: I have verified the above facts and the documents enclosed in the form. Assistance may/may not be granted.
Comment: …….
Name of Quartet Convenor …… Signature of Quartet Convenor……
Comment: …….
Name of Quartet Executive Member…….. Signature of Quartet Executive Member
Comment: ……
Accepted / Rejected……
Date……

Zone Convener Signature

Sandeep Mundhra
Mahesh Seva Kosh Minister

Terms and Conditions

1. For widow assistance, it is mandatory to attach a photocopy of the husband's death certificate and assistance will be payable only if there is no family income.

2. Local Maheshwari families whose total monthly income is Rs. 10,000/- are eligible for education and medical assistance.

3. The above assistance is paid to the applicant through NEFT. Therefore, the applicant must provide his/her bank account number and IFSC code.

4. Bank statements from all bank accounts of all family members, from April 1, 2025, to the present date, must be attached.

5. Copies of your PAN card, Jan-Aadhaar card, and Aadhaar card must be attached.

6. Education and medical assistance bills that are more than two months old will not be paid.

7. Medical bills from government hospitals or Mahesh Hospital will only be accepted.

8. Photocopies of electricity bills for the past year. If the house is rented, it is necessary to have your own electricity consumption bill verified by the landlord and attach it.

9. Attach the original salary certificate, and the applicant (if an income tax payer) must also attach the return file.

10. The salary certificate must include the firm's stamp and PAN card number, along with the firm owner's name, address, mobile number, and email address.

11. The Mahesh Seva Kosh Committee will investigate the applicant's financial situation impartially, as the society's objective is to provide financial assistance to members of the community in need. If the committee determines during the investigation that the applicant does not need financial assistance, assistance from the Mahesh Seva Kosh will not be provided. The committee's decision will be final and binding.

12. The maximum processing time for granting assistance is two months.

13. Filling out an affidavit is mandatory.

Affidavit

I, by taking an oath in the name of Lord Mahesh, declare that all details provided are true. If any information is found false, I will return any assistance taken and the committee may cancel future benefits.

Signature of Applicant

Affidavit Holder