



**St. John of God  
Welfare Trust**

**APPLICATION FORM**

Form # : \_\_\_\_\_

Serial # : \_\_\_\_\_

Name: \_\_\_\_\_

Father's/Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

N.I.C. # : \_\_\_\_\_ Res. Ph # : \_\_\_\_\_

Office Ph # : \_\_\_\_\_ Cell # : \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Academic Qualification: \_\_\_\_\_ Professional Qualification: \_\_\_\_\_

Organization Name (Recently Working): \_\_\_\_\_

Timing From: \_\_\_\_\_ To : \_\_\_\_\_

**Applying For :**

- |  |   |                                  |                                       |
|--|---|----------------------------------|---------------------------------------|
| Education <input type="checkbox"/>     | Medical Aid <input type="checkbox"/>      | Job <input type="checkbox"/>     | Legal Advice <input type="checkbox"/> |
| Social Advice <input type="checkbox"/> | Moral Support <input type="checkbox"/>    | Charity <input type="checkbox"/> | Amenities <input type="checkbox"/>    |
| Sanctuary <input type="checkbox"/>     | Spiritual Advice <input type="checkbox"/> | Others <input type="checkbox"/>  |                                       |

Details : \_\_\_\_\_

\_\_\_\_\_  
Date/Singature



# St. John of God Welfare Trust

## OFFICE USE ONLY

Accepted

Rejected

Suspended

Membership Code # : \_\_\_\_\_ Designation Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman

Date : \_\_\_\_\_

\_\_\_\_\_  
General Secretary

## TERMS AND CONDITION

Please read rules and regulation properly before singe.

1. Recent Photograph (One)
2. NIC Copy (New) along with original NIC Card
3. Mention Perment Address and contact No.
4. State complete bio-data according to the Form.
5. Description of the purpose where our service is required.
6. No. restriction of area where applicant reside.
7. Reputable character.
8. No restriction to any religions.
9. Keep sound mental health condition agrees with the aims and objectives of the organization / Trust.
10. Maximum time for acceptance would be 7 days.