Thrissur Association of Kuwait (TRASSK)

Social Welfare Committee

Trassk Social Welfare - Request Review / Process / Approval form		
Area :	Area Ref. No.	Received Date
Initial Request Received by Name	Со	ntact Number
Request Applied for	Type of request	Remarks
Membership No.	1) Normal / Accident Death	
For Member Relative	2) Illness / Accident	
(Please mention the relation with Member)	3) Legal Help / Support	
Non Member / Ex Member	4) Others (Please mention)	
Note:		
Attached Documents :		
A) Details of Applicant Name of Applicant		Sex: M F
A) Betails of Applicant		Jext Will I
Date of Birth / Age	Civil ID Number	
Profession How long i	in Kuwait Re	sidency Type # 18 20
Salary Scale below KD. 75/- Between KD. 75 - 150 Above KD. 150/-		
Emergency Contact Persons	Applicant cor	nt.#
# Name	Relation Cont	act Number Location
1)		
2)		
Permanent Address in India		Mobile Phone
1) Area Comments / Information Discussed in Area Committee No. Dated		
Financial Source for Applicant Family	From applicant only	Other Incomes
Present Family Situation Poor	Average	Cood Very Cood
Present Family Situation Poor Note:	Average	Good Very Good
Reasonable & Recommended to SWC	Hold for more Informat	ion Declined
Area SWC Representatives Area Convener		
2) Social Welfare Committee Comments Disc	cussed in SWC No.	SWCS#
Recommended Amount	Note:	
Approved Approved as noted	Hold for more Inform	mation Declined
TAPPIOVEG 1 1 TAPPIOVEG 83 HOLEG		nacion
SWC Convener		
3) Central Committee Action Disc	cussed in CCM No.	Dated :
Approved Returned for more In	nformation	Rejected
Nata		
Note:		
General Secretary	President	Treasurer