

TAJ PUBLIC SERVICE WELFARE TRUST

Mandlik House, 1 Mandlik Road, Mumbai – 400001

Phone: 66395515 Fax: 22027442 Email: tajpublicservicewelfaretrust@tajhotels.com

Application for Assistance

Details of the disaster: Natural (flood, drought....) / Man-made (terrorist attack, bomb blast.....)

Name of the Applicant: Mr./Mrs./Ms _____

Address for Correspondence: _____

Tel Nos.: Resi: _____ Office: _____ Mobile: _____

Permanent Address: _____

Details of the Person affected by the disaster (Victim):

Name : _____ **Nationality:** _____

Date of Birth: _____ **Age:** _____ **Gender:** Male / Female

Marital Status: Married / Unmarried

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Family Details:

Sr. No.	Name of the Person	Age	Relation to the victim	Occupation	Place of Work along with contact details, where applicable	Gross Monthly Income Rs.

Whether Person Affected is / was : Injured / Died

If Injured, Name, address and tel no. of the hospital in which the Affected Person was Treated: _____

Relationship of Applicant with the Deceased, where applicable; _____

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How has the disaster affected you / your family?

Financial Assistance:

Have you applied for financial assistance from any other source / fund / relief organisation? Yes / No

If yes, please the following information:

Sr. No.	Name of the Organisation	Amount applied for Rs.	Amount received Rs.	Amount expected Rs.

Is/ Was the Affected person covered by any Insurance: Yes /No

If yes, Name, Address and Tel. Nos of the Insurance Company _____

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Nature of Assistance Sought from Taj Trust:

Financial Assistance: _____

Medical Assistance: _____

Educational Assistance: _____

Any other, please specify: _____

Date:

Signature of Applicant

For Office use only