



## SHRI KUTCHHI VISA OSWAL SEVA SAMAJ

[TRUST REG. NO. F. 3064(MUM)]  
99/101,C.V.O.D. Mahajan Wadi, 3rd Floor,  
Keshavji Naik Road,Chinch Bunder,Mumbai-400 009  
Ph.: 23714674/23773032 E-mail : ksevasamaj@gmail.com  
Website: www.kvoss.org  
PAN No.:AAATS 0288 A

### Application Form For Sanjeevani Loan

#### PERSONAL PROFILE

Unique User Id	First Name
Surname	Spouse Name
Father First Name	GrandFather First Name
Marital Status (Single/Married)	Father In Law Name
GrandFather In Law Name	Gender (male/female)
Email Id	Date of birth
Mobile	Res. Phone
Country	State
Business Type(Business/Service/Student)	Area
Pincode	Village
Address	

#### SANJEEVANI LOAN DETAILS

History of Illness
Hospital Name
Hospital Address
Name of doctor who is treating patient
Membership No. of Sanjeevani
Policy number
Sanjeevani Claim No.
Amount required for Sanjeevani loan from kvoss

I \_\_\_\_\_ stating that the above information is true and if there is any wrong information given by me then I will return the loan amount within 15 days.

**Signature**

I am from \_\_\_\_\_ native place and a trustee \_\_\_\_\_ stating to that HE/SHE \_\_\_\_\_ needs help and we are requesting you to accept the Sanjeevani form.

**Mahajan/Mandal Stamp**

**Signature of Trustee/President**

**LOAN DISBURSEMENT DETAILS (TO BE FILLED BY KVO OFFICIALS)**

<b>Inward no.</b>
<b>Form Accepted / Rejected By</b>
<b>Reference By (Write NONE if no reference)</b>
<b>Loan Amount Sanctioned</b>
<b>Total No. Of Installments</b>
<b>Repayment Start Date (DD-MM-YYYY)</b>
<b>Post Dated Cheque (Yes/No )</b>
<b>Description/Comments</b>

**OFFICE USE ONLY**

<b>Cheque No</b>
<b>Cheque Drawn Date</b>