

CHRISTMAS CELEBRATIONS
Beneficiaries List for Distribution of Clothes Gift Packets

Name of the Church/Prayer House:.....

Address:

.....

Church Head Contact Details: Mobile No..... Land line No.

Mail ID:

S. No.	Name of the Beneficiary	S/o. / D/o. / W/o.	Age	Occupation	Complete Address & Mobile No.	Food Security Card details (if available)	Remarks (Widow / PHC etc.)

Note: Proforma should be submitted in 2 sets to the Officer concerned.
Church Head and Committee Members/Elders should sign.

President/Secretary (if no committee existing) Church Elders

**Church head Signature,
with Seal**

Name & Designation: **Sign:**

Name & Designation: **Sign:**

Name & Designation: **Sign:**

Concerned area appointed Officer Name & Sign. with seal & Contact No.: