III ADDITIONAL DETAILS	
1) DO ALL FAMILY MEMBER HAVE MEDICLAIM /HEALTH INSURANCE POLICY YES NO	0
IF NO, ARE YOU INTERESTED IN GROUP MEDICLAIM HEALTH INSURANCE POLICY ? YES NO	0
2) ARE YOU MEMBER OF "MAHESHWARI PATRIKA" YES N	O TOTAL FAMILY MEMBERS
IF YES MEMBERSHIP NO.	
3) ARE YOUR FAMILY MEMBER WANT TO TAKE BENEFIT OF MAHESHWARI TRUST? YES NO	0
MAHASABHA TRUST	
A) SHRI KRISHNADAS JAJOO SMARAK TRUST FOR WIDOW & ECONOMICALLY WEAKER PERSON OF SOCIETY	
B) SHRI ADITYA VIKRAM BIRLA MEMORIAL VYAPAR SAHAYOG KENDRA FOR FINANCIALLY WEAK FAMILY TO START BUSS	SINESS (RS. 50,000/- TO 2,00,000/-)
C) BADRILAL SONI MAHESHWARI SHIKSHAN SAHAYOG KENDRA FOR HIGHER EDUCATION (TRUST BEARS INTEREST CH.	IARGED ON EDUCATION LOAN)
D) SHRI BANGAD MAHESHWARI MEDICAL WELFARE SOCIETY FOR MEDICAL HELP ( UPTO RS. 65000/-)	
E) MAHESHWARI MATOSHRI SEVA PRAKOSHT FOR DEPENDENT LADIES (GETS RS. 1000/- PER MONTH)	
4) FAMILY INCOME PER ANNUM	
UPTO RS. 1,00,000/- UPTO RS. 3,00,000 UPTO RS. 6,00,000/- UPTO RS. 10,00,000/-	ABOVE RS. 10,00,000/-
5) HOUSE	
OWNED RENTED	
FORM FILLED BY	
	SIGNITURE OF FAMILY HEAD
SIGNITURE	DATE: / /201