

**SHREE HINDU MANDAL
DAR ES SALAAM**

WELFARE BOARD

Dear Applicant,

We are pleased to inform you that newly formed Welfare Board under the Management of Shree Hindu Mandal has embarked on reviewing and improving the Social Welfare Scheme.

We have redesigned the forms and requested additional information to support your case. You are therefore required to fill the forms, attach all the necessary documents and return them to the Secretariat Office by 10th January 2025.

The Welfare Board will scrutinize all applications and invite the applicants for interviews in January 2025. Once this process is completed, the NEW welfare assistance will be provided probably by end of January 2025 to the selected eligible persons.

Note that applications that do not have the supporting and relevant documents will not be processed or may cause delay in processing.

For more information, contact the Administrative Secretariat Office – Ms. Poonam Chotai – poonam.chotai@shm.or.tz

Thank you.

**Welfare Board
Shree Hindu Mandal DSM
28 November 2024**

**SHREE HINDU MANDAL
DAR ES SALAAM**

WELFARE BOARD

**SOCIAL WELFARE ASSISTANCE APPLICATION
GUIDELINES**

1. Needy person to fill an application form [Request for Social Welfare Assistance] attach the requested documents and send to the Administrative Secretariat's Office of Shree Hindu Mandal, Hindu Mandal Street, Dar Es Salaam.
2. The application form must have the supporting documents as per check list provided in the form. The applicant may submit additional documents that are relevant to the application.
3. Upon receiving the application form, SHM Welfare Board shall scrutinize the application, perform due diligence and if passed eligibility test, shall receive welfare assistance for 06 months and be subject for review after that.
4. The Applicant has to apply every year for Social Welfare Assistance and undergo the eligibility test. Social Welfare Assistance is granted based on the availability of resources of SHM.
5. The SHM Welfare Board may interview the applicant and request for more information or supporting documents to facilitate the application.
6. Submission of Application Form does not guarantee grant of assistance.

**SHREE HINDU MANDAL
DAR ES SALAAM**

WELFARE BOARD

APPLICATION FOR SOCIAL WELFARE ASSISTANCE

| 1. APPLICANT'S DETAILS | |
|---|--|
| 1.1. Full Name of Applicant | |
| 1.2. Post Box Number | |
| 1.3. Physical Address | |
| 1.4. Telephone Contact | |
| 1.5. Email address | |
| 1.6. DOB | |
| 1.7. Nationality | |
| 1.8. Proof of Nationality: Passport/NIDA/Voters Card | Document type: Number: Issue Date: Expiry Date: |
| 1.9. For Non Tanzanians: Proof of Residence: Dependant Pass/Residence Permit | Document type: Number: Issue Date: Expiry Date: |
| 1.10. Marital Status | |
| 1.11. Occupation | |
| 1.12. Name of Employer | |
| 1.13. Telephone Contact | |
| 1.14. Email address | |

| 2. SPOUSE DETAILS [Not applicable if Applicant's spouse is deceased/divorced] | |
|--|--|
| 2.1 Full Name of Applicant | |
| 2.2 Post Box Number | |
| 2.3 Physical Address | |
| 2.4 Telephone Contact | |
| 2.5 Email address | |
| 2.6 DOB | |
| 2.7 Nationality | |
| 2.8 Proof of Nationality: Passport/NIDA/Voters Card | Document type: Number: Issue Date: Expiry Date: |
| 2.9 For Non Tanzanians: Proof of Residence: Dependant Pass/Residence Permit | Document type: Number: Issue Date: Expiry Date: |
| 2.10 Marital Status | |

| | |
|------------------------|--|
| 2.11 Occupation | |
| 2.12 Name of Employer | |
| 2.13 Telephone Contact | |
| 2.14 Email address | |

| 3. NEXT OF KIN DETAILS | |
|-------------------------------|--|
| 3.1 Full Name of Next of Kin | |
| 3.2 Post Box Number | |
| 3.3 Physical Address | |
| 3.4 Telephone Contact | |
| 3.5 Email address | |

| 4. APPLICANT'S DEPENDANT | |
|--|--|
| 4.1 Full Name | |
| 4.2 Relation | |
| 4.3 Physical Address | |
| 4.4 Telephone Contact | |
| 4.5 Email address | |
| 4.6 DOB | |
| 4.7 Nationality | |
| 4.8 Proof of Nationality: Passport/NIDA/Voters Card | Document type: Number: Issue Date: Expiry Date: |
| 4.9 For Non Tanzanians: Proof of Residence: Dependant Pass/Residence Permit | Document type: Number: Issue Date: Expiry Date: |
| 4.10 Marital Status | |
| 4.11 Occupation | |
| 4.12 Name of Employer/Learning Institute if student | |
| 4.13 Telephone Contact | |
| 4.14 Email address | |

| 5. SOURCE OF INCOME | |
|-------------------------------|--|
| 5.1 Salary per month | |
| 5.2 Business income per month | |
| 5.3 Rental income per month | |
| 5.4 Other sources | |

| | |
|--|--|
| 5.5 Details of financial support/donor | |
|--|--|

| 6. COST OF BASIC MEANS PER MONTH | |
|---|--|
| 6.1 Food | |
| 6.2 Housing | |
| 6.3 Water | |
| 6.4 Electricity | |
| 6.5 Security | |
| 6.6 Well being | |
| 6.7 Others expense | |

| 7. COMMUNITY MEMBERSHIP | |
|--|--|
| 7.1 Name of Community | |
| 7.2 Name of Chairman | |
| 7.3 Telephone Number of Chairman | |
| 7.4 Name of Secretary | |
| 7.5 Telephone Number of Secretary | |
| 7.6 Name of any other community member | |
| 7.7 Telephone Number of Community member | |

8. DECLARATION BY THE APPLICANT

I,.....declare that all the information provided are true to the best of my knowledge at the time of signing this application.

I hereby request the Welfare Board of Shree Hindu Mandal to assist me however possible due to my poor financial condition.

Signed.....date.....

DOCUMENTS TO BE ATTACHED WITH APPLICATION FORM

- Identification proof of Applicant
- Residence proof if applicant is Non Tanzanian
- Letter from applicant’s community briefing on the Applicant’s financial means and condition
- Salary slip / letter from employer confirming the pay
- Any other document supporting income
- Housing bill/Rent agreement
- Water bill
- Electricity bill
- Security
- Hospital bill/Medicine prescription
- Others
- Applicant’s Spouse Documents
- Applicant’s Dependant Documents
-

.....

| FOR OFFICIAL USE | | | |
|---------------------------|--|--------------------|--|
| Application Received date | | Documents verified | |
| Received by | | | |
| Notes | | | |
| | | | |

**SHREE HINDU MANDAL
DAR ES SALAAM**

WELFARE BOARD

**SOCIAL WELFARE ASSISTANCE APPLICATION
FLOW CHART**

