

SOCIETY OF ST. VINCENT DE PAUL

National Council of India

Central Council of _____

APPLICATION FOR TWINNING

For Office USE

Wait List No. _____

Rec to/Twin Date _____

S.R.N _____

1. Name ,Place & Complete address of Conference with PIN CODE. : _____

2. Name & Place of the Parish : _____
3. Date of Establishment : _____
4. Date of Aggregation : _____
5. a) Full Name & Complete residential address of the President with PIN CODE. : _____

b) Date when elected as president : _____
c) Date of expiry of tenure. : _____
6. Number of "Adopted Families" : _____
7. Average monthly income : _____
8. Average monthly expenditure : _____
9. Average monthly Secret Bag Collection : _____
10. Cash Balance on date : _____
11. Bank Balance on date : _____
12. Special works, if any, conducted by the conference : _____
13. a) The total no. of members at present. : _____
b) Whether the number of members have increased /decreased in the last 2 years and if so by how many. : _____
14. Whether the conference was defunct in the past & when revived & the present position of its functioning. e.g poor/satisfactory/fair/good. : _____
15. Whether the conference was twinned in the past and if so please give details. : _____
16. Whether there is any other twinned conference in the parish (mentioned in item 2 above). If so give name and address of conference. : _____

17. Declaration of the Council President:-
I _____ declare and undertake to correspond with the overseas twin at least once in a quarter every year and keep them informed of the developments of the conference.
18. Name of the Particular Council under which the conference is placed. _____

Name & Signature of President with Rubber Stamp of the conference

Reasons for recommending by the Area Council

Name & Signature of President with Rubber Stamp of the Area Council

A) Reasons for recommending by Central Council _____

B) Other Information:-

a) Total number of twinning a/c at present _____

b) I confirm that follow up matter of correspondence with all overseas twins is being done regularly by our conferences under our jurisdiction _____

Name & Signature of President with Rubber Stamp of the Central Council

POINTS TO BE NOTED WHILE PREPARING THE APPLICATION FOR TWINNING

1. The full name and address of the conference along with the name of the parish should be given.
2. The full Name and Address of the President should be given, such as House No., town or city, District, Pin Code and State along with Telephone No.
3. The date when the president was elected.
4. If the conference was defunct in the past details should be given.
5. Reasons for applying for twinning should be given.
6. The Rubber Stamps of the Conference, Particular Council & Central Council have to be affixed.
7. E-mail address of the President of the conference and the President of Central Council should be given (wherever available).
8. If necessary extra sheets should be attached.