

MISSIONARY UPHOLDERS TRUST
MUT SMILE Scheme, A Project of Missionary Upholders Trust (MUT)
Registration form for Missions / Organizations



FORM - 1

1. Name of Mission / Organization			
2. Registration No. & Date of Registration with Govt.			
3. Address:	Phone No:		
	Email id		
4. Name of Head of the Organization & Designation			
5. Main Objectives of the Organization.			
6. Total No. of workers on rolls In the past 3 years. (as on Jan1 st of Every Year)	Year	No.	No. of Christian Workers on rolls. (as of today)

7. Please specify which of the following are in practice in your organization (Pl. ✓):

- | | |
|--|--|
| <input type="checkbox"/> PF Deductions for all employees | <input type="checkbox"/> Leave facilities |
| <input type="checkbox"/> Medical Allowances | <input type="checkbox"/> Issue of appointment orders |
| <input type="checkbox"/> Pre-employment medical checkup | <input type="checkbox"/> Regular scale of pay |

8. What is the approximate percentage of expenditure incurred on the following heads during the last financial year?	Ministry	Promotional Work	Administration

9. Please tick (✓) the type of groups listed below that can be identified with your organization/institute.

- a) Network of full time rural church planters
- b) Network of full time pastors or evangelists
- c) Theological seminary staff
- d) Missionary kids' school staff
- e) Missionary hospital staff
- f) Other Christian workers (mention the nature of work)-----

10. List the people groups / target groups you are serving (Give state wise) (use additional sheet if necessary)	
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11. List a few achievements of your ministry in the last one year (use additional sheet)	
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12. Kindly enclose copies of the following along with this form:

- a) Copy of Faith statement and mission statement
- b) Copy of Trust deed / by-laws
- c) Copy of Statement of audited accounts for the last two years
- d) Two evaluation reports (get the recommendation forms filled) from EFI or IMA or Member missions of IMPACT/SMILE Schemes(lists attached) or MUT board member or any active Friends of MUT.
- e) IMA / EFI membership certificates (if any – not mandatory)
- f) Latest Annual Reports / News Letters (if any – not mandatory)

Declaration :

I hereby declare that the above statements given by me are true to the best of my knowledge. I have gone through information and guidelines in the latest SMILE brochure
 I also certify that all the members listed in the application are full time Christian workers drawing a gross salary (including all allowances) of not more than Rs. 20,000 per month.

Place :

Date :

Signature of Chief Executive
with Official seal

Please send the completed forms to:

Secretary
MUT - SMILE,
C/o Hope ministries,
865, Kammanahalli Main Road,
Bangalore - 560033
 Email: mutsmile@gmail.com

Attached: a)Recommendation forms
 b)Two lists of member organizations

Providing wrong information will lead to rejection of the application