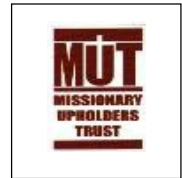


**MISSIONARY UPHOLDERS TRUST**  
**MUT SMILE Scheme, A Project of Missionary Upholders Trust (MUT)**  
**Registration form for Missions / Organizations**



<b>1. Name of Mission / Organization</b>				
<b>2. Registration No. &amp; Date of Registration with Govt.</b>				
<b>3. Address:</b>		Phone No:		
		Email id		
<b>4. Name of Head of the Organization &amp; Designation</b>				
<b>5. Main Objectives of the Organization.</b>				
<b>6. No. of Employees on rolls In the past 3 years. (as on Jan 1 st of Every Year)</b>	Year	No.	No. of Christian Workers on rolls.	

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        |

<b>8. What is the approximate percentage of expenditure incurred on the following heads during the last financial year?</b>	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 FOM.
- 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 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  
Tel. 080-64554777/65592777  
Email: [mutsmile@gmail.com](mailto:mutsmile@gmail.com)

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