Proforma C

Christmas Celebrations Organizing Committee (CCOC) 2017
Details of churches to be covered in the location

President Name:		**Cell No.:**	
		Email ID:	
		Landline:	
Name & address of the President Church / Organization:			
H.No:		**GHMC Ward Number & Name:**	
Street / Colony:		**Municipality Name:**	
Mandal Name:		**Assembly Constituency Name:**	
District Name:		**Pin:**	
No.of Churches to be covered in the area:			

Details of the Churches to be covered in the location

S.No	Church Name & Address	Pastor / Reverend / Evangelist Name	Cell No. & Email ID	Congregation Number (No.of families)	Signature of the concerned Church Pastor
(1)	(2)	(3)	(4)	(5)	(6)

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S.No	Church Name & Address	Pastor / Reverend / Evangelist Name	Cell No. & Email ID	Congregation Number (No.of families)	Signature of the concerned Church Pastor
(1)	(2)	(3)	(4)	(5)	(6)

Signature
(General Secretary)
Mobile No:

Signature
(President)
Mobile No: