

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

NATIONAL FAMILY BENEFIT SCHEME



- 1. Name of the applicant (in block letters) \_\_\_\_\_
- 2. W/o/S/o/D/o \_\_\_\_\_
- 3. Residence \_\_\_\_\_
- 4. Panchayat \_\_\_\_\_
- 5. Block \_\_\_\_\_
- 6. Constituency \_\_\_\_\_
- 7. Sub-Caste \_\_\_\_\_
- 8. Age \_\_\_\_\_ Sex \_\_\_\_\_
- 9. Income from all sources (Certificate to be enclosed) \_\_\_\_\_
- 10. Date of death of primary Bread Winner (Death certificate to be enclosed) \_\_\_\_\_
- 11. Cause of death: Normal/Accident \_\_\_\_\_
- 12. No. of dependents with age relation :
  - 1. \_\_\_\_\_ 2. \_\_\_\_\_
  - 3. \_\_\_\_\_ 4. \_\_\_\_\_
  - 5. \_\_\_\_\_
- 13. Name of the Head of the family : \_\_\_\_\_
- 11. Previous experience in the line, if any \_\_\_\_\_

I \_\_\_\_\_ W/o/D/o/S/o \_\_\_\_\_ do hereby affirm that the above said facts are true to the best of my knowledge and nothing has been concealed.

SIGNATURE/THUMB IMPRESSION OF APPLICANT.

VERIFICATION REPORT :

Specific inquiry has been conducted by me and particulars furnished above by the applicant have been correct. The applicant is eligible to Financial Assistance under National Family Benefit scheme. The BPL No. is \_\_\_\_\_