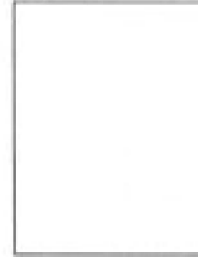


**Application Form for the Grand of Pension
To Widows/Handicapped Old Age Person
Under NSAP**

1. Name of the Applicant
2. Name of the Father/Husband.....
3. Address Village Town.....
- R/o.....Tehsil.....
- Block..... Panchayat.....
- Constituency.....Distt.....
4. Sub Caste.....
5. Whether Male/ Female
6. Age on the Date of Applicant (Proof of age to be enclosed).....
7. Status of the applicant
- (a) Single man/women.....(b) Widow/Divorce above 40 years with No. of dependents.....
- (c) Orthopedically handicapped (Medical Certificate with %age of disability (Certificate to be attached)
8. Income from all sources p.m.
9. Bank NameAccount No. (16 Digit).....
- IFCS Code of Bank Aadhar Card No
- I.....S/o, W/o, Widow of Sh.....
- R/o do hereby affirm that the above particulars are correct to the best of my knowledge , in any case wrong information is incorporated I shall be liable for punishment.



Certificate that the application belong to below
Poverty line under BPL Survey
No.....

Signature of the applicant
Certified that the monthly income
of the family of the applicant is
Rs.....PM in words

Block Dev. Officer
Signature with Seal

Tehsildar
Signature with Seal

VERIFICATION REPORT

Specific enquiry has been completed by me and the particular has prescribed in the application have been found correct /Incorrect the request of the applicant falls/ do not falls within Per View of J&K Integrated Social Security rules 1994 Accordingly the cases is Recommended/not recommended to the Tehsil Level Committee.

State.....

Tehsil Social Welfare Officer
Stamp

RECOMMENDATION OF THE COMMITTEE

The application has been scrutinized and found eligible to grant the pension

Asstt. Comn (D)
Samba (Member)

Chief Medical Officer
Samba (Member)

District Social Welfare
Samba (Member)

District Dev. Commissioner
Samba (Chairman)