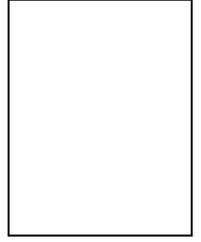


**ANDAMAN & NICOBAR ADMINISTRATION
DIRECTORATE OF SOCIAL WELFARE**

Application for grant of financial assistance



1. Name of assistance applied for :
 - a) Old Age Pension
 - b) Widow Pension
 - c) Destitute Allowance
 - d) Disability allowance
2. Name of the Applicant :
3. Father's/Husband's name :
4. Sex :
5. Married/Unmarried/ Widow :
6. Date of Birth :
7. Present address :

8. Employment Registration No. (if any) :
9. Category (APL/BPL) :
10. Whether SC/ST/OBC/General :
11. Nature of disability with percentage (medical certificate to be enclosed) (only for Persons with disabilities) :
12. Details of assistance received from Govt./Local bodies/Autonomous bodies :
13. Bank Account Number :
14. Aadhaar Number :
15. Details of a family Members :

Sl. No.	Name	Age	Occupation
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Signature of Applicant/ Guardian

CERTIFICATE TO BE FURNISHED BY STATE INSTITUTE OF EDUCATION
(Mandatory only in case of Persons with disabilities whose age is less than 18 years)

Certified that Kum/ Ku _____ aged _____ S/o _____ R/o _____ is not in receipt of financial assistance scholarship implemented by SIE, Directorate of Education, A & N Administration.

Signature :

CERTIFICATE TO BE FURNISHED FROM THE REVENUE AUTHORITY NOT BELOW THE RANK OF TEHSILDAR

Certified that the monthly income of Shri/ Smti _____ W/o, S/o _____ R/o _____ is a permanent resident of Andaman & Nicobar Islands for more than 10 years at the time of making this application and the household income of the applicant does not exceed Rs. 4000/- PM for Old Age Pension, Widow Pension & Destitute Allowance and no income ceiling for Persons with disabilities.

Certified that the applicant owns the following immovable property.

House _____

Lands _____

Signature _____

Name _____

Designation _____

CERTIFICATE

(Only for the applicants for Old Age Pension)

This is to certify that Shri/Smti _____ S/o, W/o _____ R/o _____ is _____ years of age.

Medical Officer

CERTIFICATE

(Only for the applicants for Old Age Pension)

This is to certify that Shri/Smti _____ S/o, W/o _____ R/o _____ Panchayat/ Ward _____ and he/she is eligible for availing Old Age Pension.

Pradhan/Councilor

(Verification on non-judicial stamp paper not less than Rs. 2/-)

AFFIDAVIT

(only for Persons with disabilities)

I _____ S/o, W/o, D/o _____ R/o _____ aged _____ years for hereby solemnly affirm and declared that:-

1. The particulars given by me in the application are true to the best of my knowledge and belief.
2. I am not in receipt of any other financial assistance/ allowances of grant from any other sources neither employed anywhere.
3. I shall refund the entire amount of assistance to the Govt. in case the information furnished by me proves wrong at any time.
4. I shall intimate Director, Social Welfare change in address/ employment status within 15 days of such change.
5. This affidavit is furnished under "Disability Allowances" Scheme.

Place:

Dated:

DEPONENT

DECLARATION

(allowances for all categories except Person with Disabilities)

I hereby declare:-

1. That the particulars given by me in the application are true to the best of my knowledge and belief.
2. That I am not in receipt of any other financial assistance or grant from any other source.
3. That I undertake to refund the entire amount of assistance to the Govt. in case the information furnished by me wrong at any time.

Place:

Date:

Signature of the Applicant

CERTIFICATE

This is to certify that Shri/Smti _____ S/o, W/o _____ R/o _____ Panchayat/ Ward _____ and he /she is not availing any kind of assistance/pension from the government.

Child Development Project Officer

Copies of following to be attached:

1. Local certificate/ domicile certificate for all categories.
2. Disability certificate for Person with disabilities only.
3. Death certificate for widow pension only.
4. Affidavit for allowances for Persons with disabilities and allowances for destitute.
5. Aadhaar Card