

**APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANT UNDER
NATIONAL FAMILY BENEFIT SCHEME (100% CENTRAL SPONSORED SCHEME)**

1. Name of the Applicant.....
2. Father/Husband Name.....
3. Resident/Village.....
4. Name of the Deceased.....
5. Age at the time of Death.....
6. Relation of Applicant with deceased.....
7. Occupation of deceased.....
8. Date of Death.....
9. Nature/Cause of death.....
10. Family income of the applicant Rs.....
11. Source of income.....
12. Family Strength/Dependents:

S.No	Name	Age	Relation with Deceased
1.			
2.			
3.			
4.			
5.			
6.			

Dated.....

**Signature/Thumb Impression
Of the applicant**

Certified that Late.....S/o.....
R/o.....Age.....year died on.....at his
residence due to ill health as per death and birth register of the village.
Further particular/Information furnished by the applicant at S. No 1 to 12
are correct/not correct to the best of my knowledge and the
family/applicant deserve for financial assistant from the Government.

**Signature of
Village Nambardar/Sarpanch**

MEDICAL CERTIFICATE REPORT

Certified that late..... S/o
R/o Age.....years was admitted in this
Hospital on Under Registration No.....as a case
of accident/ill health (i.e.....) and died in the hospital
on according to hospital record.

Dated:.....

**Med.Supt./Medical Officer
of the Hospital**

INCOME CERTIFICATE

Certified that family income of Sh./Smt.....
F/o, W/o Late..... R/o.....from all
Sources is Rs...../-only per month/per year and falls/not falls
under below poverty line.

Dated.....

Tehsildar/BDO.....Block

PRIMARY BREAD WINNER AND LEGAL HEIR CERTIFICATE

Certified that Late/Deceased.....S/o.....
R/o.....was the primary Bread winner of the family of
Shri/Smt.....Father/Wife of the deceased. Further the
applicant is the real/notreal legal heir of the deceased to receive the
financial assistance.

Dated.....**Assistant Commissioner/SDM**

VERIFICATION REPORT

Case verified and found correct/complete in all respect. Hence
recommended to District Level Committee for accord approved/Sanction
for grant of financial assistance under National Family Benefit Scheme.

**Tehsil Social Welfare Officer, Leh
(Member Secretary)**

Note:-In case of accidental death, a copy of FIR from Police Department need
to attached with the application.