

FORM

APPLICATION FORM FOR FAMILY BENEFIT SCHEME

I (To be filled up by the Applicant)

District : Block/Municipality/Panchayat Samiti.

Village/Panchayat/Mohilla/Ward/House No.

1. Name of the Applicant :
2. Father's/Husband's name :
3. Full Address :
4. Category : SC/ST/women/Landless/Handicapped/General
5. Age on the date of application :
6. Identification mark of the applicant :
7. Name of deceased bread winner :
8. Age of the deceased :
9. Date of death :
10. Cause of death :
11. I solemnly affirm that :-
 - (1) The total income of my family does not exceed Rs. 5,000/- per annum or more.
 - (2) I have not applied previously for grant of Family Benefit.
 - (3) I declare that the information furnished in this application is true and correct to the best of my knowledge and belief.

Place :

Date :

Signature or Thump impression of the Applicant.

II (To be filled up by the Enquiry Team)

Result of Preliminary Enquiry by the Village Panchayat Level team.

1. Age :
2. Income :
3. Category, domicile :

4. Whether applying for the first time? If not, the decision on the last application :

5. Recommendation :

Date : Signature of verifying persons at the Village Level Panchayat/Urban Local Body.

Full Address :
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Note : This application should be sent with full particulars to the B.D.O./Municipal Commissioner concerned.

RECOMMENDATION OF THE B.D.O./MUNICIPAL COMMISSIONER

Date : Signature of B.D.O./Municipal Commissioner.

FORM MB - II

Municipality/Gram Panchayat-wise list of application for Family Benefit.

1. Sl. No. :
2. Date of receipt from Gram Panchayat :
3. Name of the applicant with father's/husband's name :
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4. Full Address : Town/Village/Post Office/Taluk
5. Recommendation to the Pension Sanctioning Authority :
6. Date of sending of application form :
7. Orders of the Sanctioning Authority :