

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

APPLICATION FORM FOR GRANT OF FINANCIAL ASSISTANCE UNDER NATIONAL OLD AGE PENSION SCHEME (NOAPS) OF PM'S NATIONAL SOCIAL ASSISTANCE PROGRAMME(NSAP)

(To be submitted through Gram Panchayat/ Municipal Council)

1. Name of the Applicant :
(in block letters)
2. Father's/Husband's Name :
3. Date of birth and present age : PHOTO
4. Permanent Address :
5. Annual Income from all sources :

Signature of Applicant

REPORT OF GRAM PANCHAYAT/MUNICIPAL COUNCIL

The information furnished by the applicant are true. The name of Shri/Smti.....
.....the applicant exist at Serial No.....of BPL List of.....
Gram Panchayat/Municipal Council.

Signature

Pradhan,.....Gram Panchyat,
Secretary,Municipal Council.
(With Seal)

CERTIFICATE

This is to certify that Shri/Smti.....S/o,W/o.....
Is above 65 years of age.

MEDICAL OFFICER

CERTIFICATE

This is to be certified by(CDPO)Child Development Project Officer.

**CHILD DEVELOPMENT PROJECT OFFICER
(WITH SEAL)**