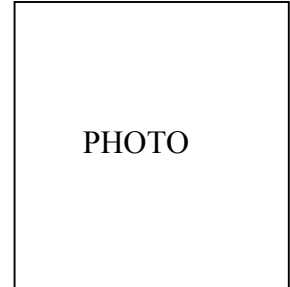


ANDAMAN AND NICOBAR ADMINISTRATION  
DIRECTORATE OF SOCIAL WELFARE

APPLICATION FORMS FOR GRANT OF WIDOW ALLOWANCES/PENSION

1. Name of Applicant (BLOCK LETTER) :
2. Late Husband's Name :
3. Date of Birth :
4. Identification Mark :
5. Caste :
6. Category :
7. Present Address :
8. Permanent Address :



9. Details of financial condition of the applicant :

(a) Present individual income through

- (1) Salary (if any) :
- (2) House rent (if any) :
- (3) Business (if any) :
- (4) Any other source :

(b) Through any assistance received from Govt/Local Bodies

(c) Is the applicant in respect of pension from any source.

10. Details of members of the family including the applicant .

S.No	Name	Age	Relation	Income	Remarks
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**DECLARATION**

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 the contents are mentioned in the affidavit are true to the best of my knowledge and belief.
3. That I am not in receipt of any other financial assistance or grant from any other source.+
4. That I undertaking to refund the entire amount of assistance to the Govt in case the information furnished by me proves to wrong at anytime

Port Blair

Date:

Signature of the Applicant

**CERTIFICATE TO BE FURNISHED FROM A REVENUE AUTHORITY NOT BELOW THE RANK OF TESHILDAR**

Certified that Smti.....W/o  
Late.....Resident .....  
I a permanent resident of this U.T/domiciled and have resided in this U.T for more than 10 years at the time making this application. Certified that her monthly income not exceed Rs 900/ per month.

Certified that the applicant owns does not the following immovable property.

1. Home .....
2. Land.....

Place:

Date :

Signature

Name& Designation  
Seal.