CHANDIGARH ADMINISTRATION DIRECTOR SOCIAL WELFARE



APPLICATION FORM FOR NATIONAL FAMILY BENEFIT SCHEME

1.	Name & Address of the Applicant	:	
2.	Name of deceased Husband/Father/Son (as the case may be)	:	
3.	Permanent Address	:	
4.	Age of Deceased at the time of death	:	
5.	Relationship of applicant with the deceased.	:	
6.	Domicile (Attach proof i.e. residence certificate issued by SDM, UT, Chandigarh photocopy of ration card). (Identity Card issued by CEO, U.T., Chandigarh)	••	
7.	Occupation/ Profession of the deceased.	••	
8.	Specify the cause of death whether Natural or Accidental?	:	
	Date of Death	:	
9.	Income of the family per annum from all sources.	:	
10.	Particulars of property held: (i) Immovable property with details and approximate value. (ii) Bank balance, if any. (iii) Investment in Govt. securities. (iv) Income from any other source.	•	
11.	Whether applied earlier for benefit under this scheme if so give details.	:	
12.	Name & Address of two responsible persons known to the applicant:	:	1.
	1		2.

DECLARATION

I	S/o, D/o,	W/o	re	esident of
			at the information particulars given abo	
to the best of	of my knowledge and belief and nothing ha		1 0	
			Signature/Thumb impression of the	applicant.
	by a Gazetted Officer/Oath Commission Stamp Paper worth Rs.3.00 duly atte		Executive Magistrate)	

AFFIDAVIT

	I	S/o,	W/o,	D/o	Shri				
	resident of		do h	ereby sol	lemnly				
affirm	and declare as under:-								
1. 2. 3.	That I am residing in Chandigarh for the lastyears. That my husband/father/son expired on (i) That my deceased husband/father/son was the family bread-winner of our family. (ii) That deceased husband/father/son expired due to natural causes/ accidental death.								
4. 5. 6.	That I am the legal heir of my deceased husband/father/son. That I have not received any financial assistance from any other source. That my monthly income is Rs								
	DEP	ONENT							
<u>VERIFICATION</u>									
	Verified that the above particulars are true and correct to the best of my knowledge and belief and								
nothing has been concealed therein.									
	DEPO	ONENT							
PLAC DATE									
(ATTESTED BY MAGISTRATE)									
