

## FORM SSS-I

S.No \_\_\_\_\_

### APPLICATION FOR FINANCIAL ASSISTANCE UNDER J&K INTEGRATED SOCIAL SECURITY SCHEME-1994

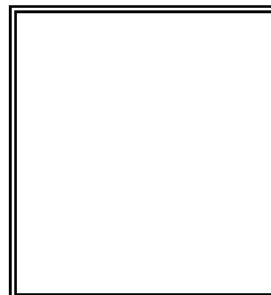
**To**

**The District Social Welfare, Leh.**

District \_\_\_\_\_

Tehsil \_\_\_\_\_

Town \_\_\_\_\_



1. Name of the applicant \_\_\_\_\_  
(In block letters)
2. Whether male / female \_\_\_\_\_
3. Name of the Father / Husband \_\_\_\_\_
4. Full postal address \_\_\_\_\_  
\_\_\_\_\_
5. Age on date of application  
(proof of stated age to be enclosed)
6. Identification mark \_\_\_\_\_
7. Status of the applicant (cross irrelevant categories)
  - a. Single Old man / women of 60 / 55 years respectively or above \_\_\_\_\_  
\_\_\_\_\_.
  - b. Old man / women of 66 / 55 year respectively having one or more dependents \_\_\_\_\_.
  - c. Single widow / divorced of 40 year or above \_\_\_\_\_
  - d. Widow / divorced of 40 year or above having one or more dependents \_\_\_\_\_  
\_\_\_\_\_
  - e. Orthopaedically / physically handicapped up to 18 years (Certificate of disability from associate professor or particulars specialist to be enclosed) \_\_\_\_\_.
  - f. Widow / divorsed of 40 year of above \_\_\_\_\_
    - i) If already trained copy of certificate to be enclosed \_\_\_\_\_.
    - ii) If not trained the specidied sciplire in which interested to have the training \_\_\_\_\_.

2. Orthopaedical/ Physically handicapped above 18 years (certificate if disability from associate professor of particulars specialty to be enclosed)

**Yes/No**

- i) if already trained (copy of Certificate to be enclosed \_\_\_\_\_)
- ii) If not trained specific discipline in which interested to have training \_\_\_\_\_
- h) Orphan being victim of militancy (is already studying particulars of School / Class Certificate from the school to be enclosed)
- i) Brief description of incident for certification purpose \_\_\_\_\_
- 

### **PERSONAL AFFIDAVIT**

I \_\_\_\_\_ D/o S/o Wife of \_\_\_\_\_  
Residence of \_\_\_\_\_ do hereby affirm that the above particulars furnished by me are correct to the best of my knowledge.

Place : -

Date : -

Signature or thumb impression  
Of the applicant

### **VERIFICATION REPORT**

Specific enquiry has been conducted by me and the particulars are furnished by the applicant have been found correct/incorrect. The request of the applicant fails within/do not fail with preview of J&K Integrated social security rule, 1994 According the case of recommended to the District level Committee.

Date \_\_\_\_\_

Tehsil Social Welfare office

(Stamp \_\_\_\_\_)

### **RECOMMENDATION OF COMMITTEE**

The applicant has been scrutinized and the applicant has been found eligible for grant of monthly / person lump-sum aid in kind of Rs. \_\_\_\_\_ per month / of Rs. \_\_\_\_\_ in lump-sum after completion of job oriented training course successfully.

**District. Development Commissioner**

(Stamp \_\_\_\_\_)