## Application Form for the grant of Pension to Widows/ Handicapped Old Age Person Under ISSS Scheme 1994

1. Name of Applicant	
2. Address Village/ Town	Dia eta ayanda
P/o	Photograph Tehsil
	Panchayat
	District
3. Sub Caste	
4. Whether Male/ Female	
5. Name of Father/Husband	
7. Status of the Applicant	ion (Proof to be enclosed)
(a) Single man/woman	
(b) Widow/Divorse above 40 yrs	(Medical certificate with %age of
disability (Certificate to	
8. Income from all sources _	
IS/o W/	
	reby affirm that the above
	best of my knowledge. In any case
wrong information is incorpora	
punishment.	
	Signature of the applicant
Certified that the applicant belongs	Certified that the monthly income
to below poverty line under	of the family of the
BPL Survey	Applicant is Rs
- 1	P.M. in words
Block Dev. Officer	Tehsildar

## VERIFICATION REPORT

Specific enquiry has been conducted by me and theparticulars as furnished by the applicant have been foundcorrect/incorrect, The request of the applicant falls within/do not fall within the purview of J&K Integrated Social Security rules 1994 Accordingly the case is recommended to the Tehsil Level Committee

## **TEHSIL SOCIAL WELFARE OFFICER** Stamp

(Signature with Seal)

## RECOMMENDATION OF THE COMMITTEE

(Signature with seal)

The application has been scrutinised and the applicant has been found eligible to the grant of Monthly pension

CHIEF MED.OFFICER ASSTT.COMM.(DEV)) DISTT.S.W.OFFICER, KATHUA(MEMBER) KATHUA KATHUA (MEMBER SECY)

DISTT.DEV. COMMISSIONER, KATHUA (CHAIRMAN)