

FORM—I

[See Rule 5(1)]

APPLICATION FOR THE PERUNTHALAIVAR KARMAVEERAR KAMARAJ SCHEME
FOR FINANCIAL ASSISTANCE TOWARDS FUNERAL EXPENSES OF DISABLED PERSONS
WHO ARE IN RECEIPT OF THE FINANCIAL AND OTHER ASSISTANCE FROM
SOCIAL WELFARE DEPARTMENT IN THE UNION TERRITORY OF PONDICHERRY

PART—I
(PARTICULARS OF THE DECEASED)

- Name of the deceased disabled person
2. Name of the father/husband of the deceased
 3. Pension No. (Enclose the Original Card issued by the Department) 1
 4. Place and address where death occurred
 5. Cause of death
 6. Date of death (Copy of the burial/cremation order issued by the competent authority)
 7. Month upto which financial assistance was received

PART—II
(PARTICULARS OF THE APPLICANT)

- Name of the applicant
- Father's/Husband's name
3. Relationship with the deceased (Enclose any proof such as ration card/birth certificate/marriage certificate/election photo identity card to establish the relationship) :
 4. Place where last rites and funeral were performed :
 5. Date of funeral
 6. Details of the spouse/sons/daughters of the deceased

Sl. No.	Name	Age	Relationship	Address
1.				
2.				
3.				

Whether belongs to SC/ST

Whether the applicant has applied for/ obtained any assistance from any other source for the same purpose? If so, please furnish the details

I ... husband/wife/son/daughter of the deceased Thiru/Tmt. ... hereby declare that I have performed the last rites and funeral of the said Thiru/Tmt. ... who expired on ... I have not obtained / applied for any financial assistance from any other source for the same.

I further declare that the particulars above are true and correct to the best of my knowledge and that I will repay the entire amount if the particulars furnished by me found to be false on a later date.

Signature
Thumb-impression of the applicant.

PART—III

DECLARATION BY OTHER LEGAL HEIRS

I/We, the undersigned to this declaration, hereby declare that I/We have no objection to make payment for financial assistance towards funeral expenses of Thiru/Tmt. ... to the applicant Thiru/Tmt. ...

Sl. No.	Name and address	Relationship with the deceased	Signature
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2.

3.

CERTIFICATE OF THE ANGANWADI WORKER

I, ... Anganwadi worker of ... (Name of the centre) hereby declare that the deceased disabled person Thiru/Tmt. ... was receiving financial assistance through my centre and that he/she expired on ... The applicant Thiru/Tmt. ... performed the funeral of the deceased.

Place :

Date :

Signature of the Anganwadi Worker