

CHIEF MINISTER’S RELIEF FUND

Needy and distressed applicants seeking assistance from the Chief Minister’s Relief Fund are required to apply in the prescribed application form reproduced below:

Sample Application Form:

**FROM OF APPLICATION FOR ASSISTANCE FROM
CHIEF MINISTER’S RELIEF FUND OF ORISSA**

PART A

- 1) a) Name of the applicant :
- b) Father’s/Husband/Guardian’s Name:

- 2) Address:
 Village: Ward No.: P.O.:
 P.S.: Tahasil: Sub-Division:
 District:

- 3) Occupation:

- 4) Annual Income:

Govt. Service	Source of Business	Source of Lands	Any other Sources	Total Income

- 5) Purpose:
- 6) Required Amount
- 7) Has he/she received any assistance from this fund earlier ?
- 8) If yes, amount & purpose

Signature of the Applicant

Dt.....

- 9) Recommendation of the
Tahasildar/Sub-Collector
(Concerned officer should know
correctly the fact mentioned
at Column No.4)
- a) Details of income of the Applicant :
 - i) From Agriculture :
 - ii) From Salary :
 - iii) From other sources :
 - iv) Total :
 - a) Financial condition of near relatives :
 - b) Is prayer of the Applicant acceptable :
 - c) Remarks :

Signature of
Tahasildar/Sub-Collector
(With Seal)

- 10) Recommendation of Medical Officer.
- a) Disease :
 - b) What type of treatment required :
 - c) Cost of the Medicine :
 - d) Apparatus :
 - e) Any other expenditure :
 - f) Place of treatment :
 - i) The reason for recommending treatment outside the State :
 - ii) Is such treatment available in Orissa? :

Signature of
Medical Officer.
(With seal)

Counter Signature of
Head of the Institute
(With seal)

- 11) Recommendation of M.L.A./M.P./Minister :

Signature of
M.L.A./M.P./MINISTER
(With Seal)