

**ANDAMAN AND NICOBAR ADMINISTRATION  
DIRECTORATE OF SOCIAL WELFARE**

.....

**APPLICATION FORM FOR GRANT OF UN-EMPLOYMENT ALLOWANCE  
TO HANDICAPPED**

1. Name of Applicant (Block letters) :
2. Father's Name :
3. Married/Unmarried/Widow :
4. Sex :
5. Date of Birth :
6. Identification marks :
7. Details of Physical & mental infirmity :
8. Permanent Address :
9. Present Address :
10. Qualification :
11. Employment Registration No. with date of registration. :
12. Category :
13. Caste :
14. Occupation :
15. Details of the members of the family including the applicant



S.No	Name	Relationship	Income	Remarks
1.				
2.				
3.				

**SIGNATURE OF THE APPLICANT**

**CERTIFICATE TO BE FURNISHED FROM REVENUE AUTHORITY NOT  
BELOW THE RANK OF TEHSILDAR.**

Certified that Shri./ Smti/Miss .....  
S/o, D/o..... is a permanent resident of  
Andaman and Nicobar Islands for more than 10 years at the time of making this  
application.

Place : Signature  
Date : Name .....

Designation .....

Office Seal .....

Contd.on..2..

**CERTIFICATE TO BE FURNISHED BY THE INVESTIGATOR**

Certified that the information furnished by Shri/Smt./Miss .....  
.....S/o, W/o/D/o .....  
R/o ..... has been verified and found correct.

Place : Signature of the Investigator  
Date : with date and Seal.

Countersigned

Sanctioned

Director(Social Welfare)  
A&N Admn., Port Blair.

Secretary(Social Welfare)  
A&N Admn., Port Blair.

(Verification on Non-judicial stamp paper not less than Rs. 2/-).

**AFFIDAVIT**

I..... S/o, W/o,D/o.....  
.....R/o .....  
aged .....years for hereby solemnly affirm and declare that :-

1. The particulars given by me in the application are true to the best of my knowledge and belief.
2. I am not in receipt of any other financial assistance or grant from any other sources.
3. I will refund the entire amount of assistance to the Govt. in case the information furnished by me proves wrong at any time.

Place :  
Date :

(Deponent)