

FORM

APPLICATION FORM FOR FAMILY BENEFIT SCHEME

I (To be filled up by the Applicant)

District : ..... Block/Municipality/Panchayat Samiti.

Village/Panchayat/Mohilla/Ward/House No.

1. Name of the Applicant : .....
2. Father's/Husband's name : .....
3. Full Address : .....
4. Category : SC/ST/women/Landless/Handicapped/General .....
5. Age on the date of application : .....
6. Identification mark of the applicant : .....
7. Name of deceased bread winner : .....
8. Age of the deceased : .....
9. Date of death : .....
10. Cause of death : .....
11. I solemnly affirm that :-
  - (1) The total income of my family does not exceed Rs. 5,000/- per annum or more.
  - (2) I have not applied previously for grant of Family Benefit.
  - (3) I declare that the information furnished in this application is true and correct to the best of my knowledge and belief.

Place : .....

Date : .....

Signature or Thump impression of the Applicant.

II (To be filled up by the Enquiry Team)

Result of Preliminary Enquiry by the Village Panchayat Level team.

1. Age : .....
2. Income : .....
3. Category, domicile : .....

4. Whether applying for the first time? If not, the decision on the last application : .....

5. Recommendation :

Date : .....

Signature of verifying persons at the Village Level Panchayat/Urban Local Body.

Full Address : .....

Note : This application should be sent with full particulars to the B.D.O./Municipal Commissioner concerned.

RECOMMENDATION OF THE B.D.O./MUNICIPAL COMMISSIONER

Date : .....

Signature of B.D.O./Municipal Commissioner.

FORM MB - II

Municipality/Gram Panchayat-wise list of application for Family Benefit.

1. Sl. No. : .....
2. Date of receipt from Gram Panchayat : .....
3. Name of the applicant with father's/husband's name : .....
4. Full Address : Town/Village/Post Office/Taluk .....
5. Recommendation to the Pension Sanctioning Authority : .....
6. Date of sending of application form : .....
7. Orders of the Sanctioning Authority : .....