

FORM

Application for financial Assistance from National Family Benefit Scheme (To be filled by the applicant)

1. District : KASARGOD Panchayat/Municipality/Village :
2. Name address of the applicant
3. Name of the deceased and Age
4. Applicants relation with the deceased
5. Death happened
 - (i) whether natural
 - (ii) whether accidental
6. Whether death certificates produced from the competent authority : Yes/No
7. I solemnly affirm the following
 - a) My annual income is not more than Rs.11000/-
 - b) I am the son/daughter/husband/wife/father/mother of the deceased
Sri/Smt. _____
 - c) The deceased person was permanently residing in the _____
place about 3 years.
8. The above facts are true and correct to the best of my knowledge.

Place

Date

Signature of the applicant.

Enquiry report

Date:

Signature of the authorised officer
Designation