Application forms for the Grant of Financial Assistance to,

Old Age Pension, Widow Pension, and Divyang Pension.

Pensior	n Scheme : Old Age Widow Divyang	Passport Size Photo
1.	Name:	
2.	Father /Husband Name:	
3.	Son/Daughter of (for Divyang):	
	Address:	-
	Mob No. :	
5.	Name of Panchayat :	
	Age: Date of Birth: Male: Female	e:
7.	Category(ST,SC,OBC/Minority/General:	
8.	If Disability Pension, Type of Disability: P Disability:	ercentage of
9.	In the case of Widow Pension date of death of Husband:	
10.	Re-Married Status Yes/No	
11.	Applicant Family Annual Income:	
12.	Are you in received of Financial Assistance from any other agency? Yes/N	No
13.	Name of Bank: Account No:	
1.4	IFSC CODE: Aadhaar Card Number:	
	Aadhaar Card Number: Have you applied for Portugal or any other Passport? Yes/No	
	Required Document:-	-
10.	1. Age Certificate.	
	 Age Certificate. Income Certificate Below 1.5 Lakh. 	
	3. Domicile Certificate	
	4. Copy of Bank Pass Book(Aadhaar Linked)	
	 Aadhaar Card Death Certificate of Spouse(For Widow) 	
	6. Death Certificate of Spouse(For Widow)	
	7. Disable Certificate (80% and Above)	
	8. 60 years & above (For Old Age pension)	

9. 18 to 59 years (For Widow Pension)

10. 18 to 59 years (For Disabled Pension)

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

Date:.	Signature of the Applicant/Thumb Impression			
	UNDE	RTAKING		
I			years, resident of	
nothing has been concea false/not true, I will H withdrawn. That I have applied pension/Disable Pension and correct and nothing	he above / following informa led there in. I am well aware ave to face the punishment I to the Social Welfare Depa for myself and the informat thas been concealed and mis-	ion is true to the be of the Fact that If the as per the benefit artment, Daman, for ion furnished in the presented in it.	est of my knowledge And beli he Information given by me is availed by me shall be sum r getting benefit of Old Age / prescribed application from a any other agency of the same]	ief And proved nmarily Widow are true
not availing any other b	penefits from the other Depa Diu or any part of India. I and	rtment from the U.T I my family are orig	Γ. Administration of Dadra & inally native and permanent r	: Nagar
That myself /Father That we are having / That applied Declara	/mother /Husband /Wife is th Not Having our own residen ation /affidavit is for Old Age	ial house in the abo /Window /Handica	ve said address.	n Penal
PLACE: /2022			DATED:	/
REG: No.			DEPONENT	
I kn	nt Mr. / Mrs ow well and all the a e pension under old Age	pove informatio	n is true. I am the app	age _ olicant
			Signature of Gram So	evak
Dear Applicant 's Ap has been approved	oplication dated /	/ 202 2 Has beer	n read in the Gram Sabha	I. And
Signature of Sarpan	ch	Sigr	nature of Panchayat Secre	etary
Check the application disability pension so		approve the be	nefit under old age / wi	dow /

Assistant

Development and Planning Officer Dadra Nagar Haveli Silvassa