

CHANDIGARH ADMINISTRATION
SOCIAL WELFARE DEPARTMENT

APPLICATION FORM FOR FINANCIAL ASSISTANCE TO DEPENDENT CHILDREN

1.	Name of the applicant i.e. mother of dependent child or guardian in case mother & father of the child are expired		
2.	Are you in receipt of Widow Pension ? If so, please indicate PLA Number.		
3.	Age		
4.	Father/Husband's Name		
5.	Caste		
6.	Permanent address		
7.	Whether in receipt of any pension or gratuity or any other income from any source (please specify in detail)		
8.	Details of property owned with monthly income there from		
9.	Particulars of dependents		
Sr. No.	Name of Dependent	Age	Relation
1			
2			
10.	Name of the child for whom financial assistance is needed (i) His/her age (Birth Certificate of the child be attached) (ii) Whether studying, if so in which class (Certificate from school authorities be attached) (iii) Whether the child/children is/are in receipt of any family pension from State/Central Government		
11.	Whether the amount of financial assistance will be utilized solely for the benefit of the child for whom it is sanctioned		
12.	Name and address of the two responsible persons well known to the applicant who could certify the correctness of above particulars		

Date

Signature of Applicant

Address _____

DECLARATION

I, _____ Wd/o Shri _____ resident of _____

do hereby solemnly affirm and declare that the information/particulars given above are correct to the best of my knowledge and belief and nothing has been concealed therein.

Date :

Signature/Thumb-impression of the Applicant
(Attestation by Executive Magistrate/
Gazetted Officer/Notary Public/Oath Commissioner)