GOVERNMENT OF JAMMU AND KASHMIR DEPARTMENT OF SOCIAL WELFARE **Application Form No. Integrated Social Security Scheme/NSAP** (Widow Pension Scheme) **District Name** Rural/ Urban Photograph duly CD Block / Urban Local Bodies attested by Gazetted Halga Panchayat / Ward No. Officer Village/ Mohalla Name of the Constituency Name of the Applicant Husband's Name Date of death of husband Permanent Address Religion SC/ST/OBC/RBA/ALC Age **BPL** Details BPL Survey Source **BPL Survey Year BPL Family ID BPL** Member ID Income details-(From all sources) Other Information Epic No. **Ration Card ID** Sanction Details (for office use only) **Sanctioning Authority** Sanction Order No. Sanction order Date **Disbursement Details** Mode of payment Name of Bank/Post Office Bank Branch Address A/C No. Disbursed up to S.No Documents to be attached Attached Not attached Death Certificate of husband 1. Proof of Age 2. Copy of Ration card 3. **BPL** Certificate 4. **Income Certificate** 5.

Personal Declaration

I	S/o/D/o/W/o			
	R/o			
	that the above parti the best of my knov		y me are true	
Place				
Date				
		Signature/Thu	umb Impression	
	Verificatio	on Report		
the applicant fall	applicant have been followithin do not fall angly, the case is recomittee.	within the purview of	of Widow Pension	
AWW (Concerned	d) Supervisor (Con		Tehsil Social Welfare Officer (Concerned)	
Recommendat	ion of Block Level (Committee.		
	verification report and en found eligible for Scheme.	•		
CDPO (Member)	BDO (Member)	BMO (Member)	TSWO (Member)	
DSWO (Member- Secr	etary)	PO (ICDS) (Chairman)		