

| GOVERNMENT OF JAMMU AND KASHMIR | | | | | | | |
|---|---|-----|--|--|----------|--------------|--|
| DEPARTMENT OF SOCIAL WELFARE | | | | | | | |
| Application Form No. | | | | | | | |
| National Family Benefit Scheme(NSAP) | | | | | | | |
| District Name | | | | | | | |
| Rural/ Urban | | | | Photograph duly attested by Gazetted Officer | | | |
| CD Block / Urban Local Bodies | | | | | | | |
| Halqa Panchayat / Ward No. | | | | | | | |
| Village/ Mohalla | | | | | | | |
| Name of the Constituency | | | | | | | |
| Name of the Applicant | | | | | | | |
| Father's/Husband's Name | | | | | | | |
| Gender | | Age | | SC/ST/OBC/RBA/ALC | | Religion | |
| Permanent Address | | | | | | | |
| Name of Primary bread earner of the family | | | | | | | |
| Age of the primary bread earner | | | | | | | |
| Date of the death of primary bread earner | | | | | | | |
| Relationship of the applicant with the primary bread earner | | | | | | | |
| No. of dependents with age and relation | | | | | | | |
| S.No | Name of dependent | | | Age | Relation | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BPL Details | | | | | | | |
| BPL Survey Year | | | | BPL Survey Source | | | |
| BPL Family ID | | | | BPL Member ID | | | |
| Income details-(From all sources) | | | | | | | |
| Other Information | | | | | | | |
| Epic No. | | | | Ration Card ID | | | |
| S.No | Documents to be attached | | | Attached | | Not attached | |
| 1. | Death Certificate of Primary bread earner | | | | | | |
| 2. | Age proof of primary bread earner | | | | | | |
| 3. | Copy of Ration card | | | | | | |
| 4. | | | | | | | |

Personal Declaration

I _____ S/o/D/o/W/o _____
_____ R/o _____

hereby affirm that the above particulars furnished by me are true and correct to the best of my knowledge.

Place _____

Date _____

Signature/Thumb Impression

Verification Report

Specific enquiry has been conducted by me and the particulars as furnished by the applicant have been found correct/incorrect. The request of the applicant falls within/ do not fall within the purview of National Family Benefit Scheme. Accordingly, the case is recommended/ not recommended to the Block Level Committee.

AWW (Concerned)

Supervisor (Concerned)

Tehsil Social Welfare
Officer (Concerned)

Recommendation of Block Level Committee.

Refer above verification report and the scrutiny of application form, the applicant has been found eligible for grant of Financial Assistance under National Family Benefit Scheme.

CDPO
(Member)

BDO
(Member)

BMO
(Member)

TSWO
(Member)

DSWO
(Member- Secretary)

PO (ICDS)
(Chairman)