

**APPLICATION FORM FOR GIVING FINANCIAL ASSISTANCE TO
DESTITUTE CHILDREN.**

- 1 Name of the applicant i.e. Father/Mother/Guardian.....
- 2 Whether father divorced/widower.....
- 3 Whether mother divorced/widow.....
- 4 Whether father is in prison, if so, for what period with date of imprisonment
.....
- 5 Whether father is absent from the home, if so since when.....
- 6 Father's age/mother's age.....
- 7 Father/husband name.....
- 8 Caste.....
- 9 Income of the family.....
- 10 Address where financial assistance should be remitted.....
.....
- 11 Permanent address.....
- 12 Nature of disability/disease with which the applicant is suffering if any (with
medical certificate from assistance surgeon).....
- 13 Whether in receipt of any pension or gratuity or any other income from any
source (Please specify).....
- 14 Details of moveable property owned, with monthly income there
from.....
- 15 How do you maintain your family members &
yourself?.....
- 16 Particulars of the dependent children: -

Sr.	Name of the dependent	Date of birth	Age	Relation
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- 17 Name of the children for whom financial assistance is needed
- 18 Whether the amount of assistance will be utilized solely for the benefit of the
child for whom it sanctioned.....

SIGNATURE OF THE APPLICANT

DECLARATION

I ----- /wife of Shri----- resident of----- distt.-----
-----do hereby declare & affirm that the above particulars are true to
the best of my knowledge & belief & nothing has been concealed.

TO BE ATTESTED BY A GAZZETTED OFFICER

SIGNATURE OF THE APPLICANT