

Issued Free of cost by

DISTRICT SOCIAL WELFARE OFFICER KUPWARA

APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANCE UNDER
NATIONAL FAMILY BENEFIT SCHEME

1. Name of the Deceased (Sole Bread Earner) _____
Parentage _____
2. Brief description of Death _____
3. Date of Death _____
4. Death Certificate No. _____
5. Age at the time of Death. _____
6. Name of Head/Successor of the Bereaved family _____
R/o _____ Tehsil _____ District _____
7. Age of Successor _____
8. Income from all sources of Bereaved family _____
9. Details of family members (surviving) of deceased bread earner. _____

To be attested by
BMO

S. No.	Name	Age	Relationship with Deceased	Occupation
01				
01				
02				
03				
05				
05				

10. The above mentioned particulars are correct and nothing has been concealed therein

Thumb Impression/Signature of Beneficiary

INCOME CERTIFICATE / BPL PROOF

11 It is certified that the income of family from all sources is Rs. _____ per month
Hence case is recommended for financial assistance under the NFBS scheme.

Seal & Signature of Tehsildar

It is certified that the applicant falls under BPL Category, BPL Survey No. _____

Seal & Signature of B.D.O.

12 Contact No of Applicant _____

13 Certified that _____ S/o _____
R/o _____ Died on _____ due to _____
and is survived by _____ who is head of the family after the expiry of sole bread earner. The
income status of bereaved family being below poverty line is recommended for grant of financial assistance under NFBS