

New Delhi Municipal Council PALIKA KENDRA: NEW DELHI-110001

DEPARTMENT OF WELFARE

FINANCIAL ASSISTANCE LABOUR WELFARE DEPARTMENT Application form for financial help for people above 60/Widows <u>Limit for handicapped persons is 55 years.</u>

Assembly Area Number :	
Section-I	
1. Citizen ID :	
2. Citizen Name :	
3. Citizen Address : City: Pin Code : 4. Citizen Phone No :	
5. Citizen Email ID :	
Section-II	
Received application form for financial help from Mr./Mrs: Wife/ Resident of: City: Dated: M. M. / D. D. / Y. Y. Y. Y. Y. Recip Certificate for financial help of old-age people above 60 / Widows	pient's Signature
	Photograph
Name of the applicant (Block Letters): Married/ unmarried/ widower/ widow:	88
3. Husband/father's Name :	

. Date o	of Birth and year (Proof if	25/3 <u>S. 4 . 6 . 6</u>	D D I	Y Y Y Y	
City	ess (Present and permanen			Pin Code :	
(a) Pr	ription of the applicant's fir resent Occupation ixed/property	1. Services:2. Business:3. Others:1. Bank accounce 2. Pension if a 3. House, land	nt no. and 1 ny : , etc	Amount:	
	ription of applicant's relation				Special Description
			nily membe	ers:	
I hereby ken any f y reques I hereby elfare Di		Decla entioned details to r Governor, Delhi ar ken any Financial A any voluntary insti	ration ny knowled did Chief Mi	ge and confidence are consister/Delhi Government	Special Description Trect. I have not and also not given

Recommendation of Member of Parliament male/female Delhi legislative assembly.

Daughter/ wife		resident	whose
age is		years, is/ are incapable of earning li	velihood and is not given
any help from any	source. I hereby	recommend to provide them financial assistance	and I know him/her from
the past	year	months.	
Place :-			
			SIGNATURE/ SEAL
		d knowledge that the applicant's age is 60 years an	d above or is a widow, the
financial status is v	ery pathetic and	she doesn't have any support from others.	

SIGNATURE/ SEAL