



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

Limit for handicapped persons is 55 years.

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 :

Pin Code :

Dated :

M M / D D / Y Y Y Y

Recipient's Signature

Certificate for financial help of old-age people above 60 / Widows

Photograph

1. Name of the applicant (Block Letters) :

2. Married/ unmarried/ widower/ widow : _____

3. Husband/ father's Name :

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

It has been certified that Sri/ Smt/ Kumari _____
Daughter/ wife _____ resident _____ whose
age is _____ years, is/ are incapable of earning livelihood 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

I hereby certify from my personal knowledge that the applicant's age is 60 years and above or is a widow, the financial status is very pathetic and she doesn't have any support from others.

SIGNATURE/ SEAL