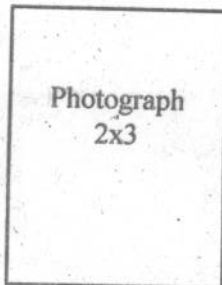


FORM-IGNOAPS
APPLICATION FOR FINANCIAL ASSISTANCE UNDER NSAP COMPONENT INDIRA GANDHI
NATIONAL OLD AGE PENSION SCHEME (IGNOAPS-2007) SOCIAL WELFARE DEPARTMENT
DISTRICT UDHAMPUR

Sanction Order No _____
 Dated : _____
 P. P. O. No. _____

Tehsil _____ Block _____ Panchayat _____
 Town _____ Mohalla/House No. _____
 Village _____



Category (P1 tick the relevant category.)

SC	ST	OBC	Handicapped	Household	Other
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BPL Proof attached

BPL Survey No. : _____ BPL Ration Card P/Copy _____

Mode of payment

Bank	Jammu & Kashmir Bank	A/C No.
Money order		

Name of the applicant																			
Father/Husband's name																			
Full Postal address																			

Age on the date of application

	Age Proof to be attached	Sex	Male	Female
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Identification Marks 1. 2.

Status of the Applicant (Tick Relevant Category)

- Single 65 years old Man/Woman below the poverty line.
- 65 years of above Man/Woman below the poverty line with one or more dependent

Details of dependent :—

S. No.	Name	Age	Relation

PERSONAL AFFIDAVIT

I _____ W/o/Wd/o/S/o/ D/o _____ R/o _____
 Tehsil _____ do hereby solemnly affirm that the above particulars furnished by me are correct to the
 best of my knowledge.
 Place _____
 Date _____

Signature/Thumb impression
of the applicant.

VERIFICATION REPORT

Specific enquiry has been conducted by me and the particulars furnished by the applicant falls within the purview of the National Social Assistance Programme Component INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME. Accordingly the case is recommended to the District _____