

FORM -II

**DIRECTORATE OF SOCIAL WELFARE, J&K GOVERNMENT
JAMMU/SRINAGAR**

Subject :- Authority letter/Identification Card for receipt of monthly pension under J&K Integrated Social Security Rules, 1994.

Reference :- Govt. Order No.....dated.....

1. S. No./PPO No.....
2. Name.....
3. S/S/Wd.....
4. Address.....House No.....
Mohalla.....Post Office.....
Village.....Post Office.....
5. Category.....
6. Validity.....

Space for
Photograph

**Signature of the District Social
Welfare Officer
(Stamp)**

DISBURSEMENT RECORD

S. No.	Month/year	Date of payment	Amount paid	Signature/Thumb impression of beneficiary	Signature & Stamp of Disbursing Officer

FORM-B

DIRECTORATE OF SOCIAL WELFARE, J&K GOVERNMENT

Below boys.

Subject: Authority letter/identification Card for receipt of monthly pension under J&K Integrated Social Security Rules, 1994

1) WID

2) @ Humli' capool

Reference: Govt. Order No.

1. No PPO No.

2. Name

3. S/W

4. Address: House No.

5. Post Office

6. Village

7. Category

8. Validity

Space for Photograph

Signature of the District Social Welfare Officer (Stamp)

DISBURSEMENT RECORD

2. No.	Month/year	Date of payment	Amount paid	Signature/Thumb impression of beneficiary	Signature & Stamp of Disbursing Officer