ANNEXURE II

APPLICATION FORM FOR INDIRA GANDHI NATIONAL WIDOW PENSION SCHEME(IGNWPS)

To

The Executive Officer

_____ Panchayat Samity

_____ District

Paste your recent Passport size photograph

Sir/Madam,

I am a resident of this Block. I am a widow. I belong to a BPL (Below Poverty Line) Family. My particulars are given below.

Kindly consider my name for sanction of Widow Pension. The attested photocopy of the death registration certificate of my husband is enclosed herewith.

Full Particulars of the Applicant

1. Name :

2. Name of the Head of the Family :

3. Father's/Husband's Name :

4. Whether belongs to the SC/ST/OBC Category? :

(Yes/No, write whichever is applicable)

4a. If yes, write the sub- category. :

5. Whether belongs to Minority Community? (Yes/No, write whichever is applicable) :

6. RHS ID :

7. Village :

8. Mouza :

9. Gram Panchayat :

10. Age as on 01.01.2009 :

11. Day/Month/Year of Husband's Death :

12. Whether the applicant has any Savings Account in commercial Bank/ Post Office? If yes, give details of the name, address & Account No. of the Bank/Post Office. :

Signature/ L.T.I.of the Applicant

Annexure -III

CERTIFICATE OF UNIVERSAL COVERAGE UNDER INDIRA GANDHI NATIONAL WIDOW PENSION SCHEME (IGNWPS)

This is to certify that all widows of 40 - 64 years and belonging to a household Below the Poverty Line (BPL) in rural areas in the ……**Gram Panchayat /……Panchayat Samity/District of …….. (Name of the District) have been covered under IGNWPS.

It is also confirmed that for the purpose of identifying new eligible beneficiaries under IGNWPS, the BPL list 2002 has been followed for rural areas.

Signature

Pradhan

……Gram Panchayat

Executive Officer

……Panchayat Samity

District Magistrate

……

(As the case may be)

**** Strike out whichever is not applicable**