

FORM OF APPLICATION FOR CLAIMING FAMILY BENEFIT (FB) UNDER NSAP

PART 1

(To be filled in by the head of the surviving family).

District -----Mandal/Municipality ----- Village
Gram Panchayat/Ward H.No.-----.

1. Name of the applicant Sri/Smt.
2. Full Address
3. Name of the deceased Primary bread winner.
4. Relationship of the deceased with the applicant
5. Date of death of primary Bread Winner.
6. I solemnly affirm that
 - a. I do not have any family income of Rs.----- per --- or More
 - b. I am the surviving head of the family of the deceased primary bread winner
The primary bread winner died at the age of ----- (proof like “Death Certificate “ to be attached)
The deceased was resident of ----- District where he had been residing for last 3 years immediately preceding the death.
I declare that the information furnished in the application is true and correct to the best of my knowledge and belief

Place :

Date:

SIGNATURE OF APPLICANT.