

CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE



APPLICATION FORM FOR PENSION TO DISABLED PERSONS

Photograph

1.	Name of Applicant	:	
2.	Age	:	
3.	Mark of Identification	:	
4.	Father's /Husband's name	:	
5.	Whether belong to SC?	:	
6.	Address where the applicant is residing for the last three years (Attach Proof)	:	
7.	Permanent Address	:	
8.	Have you have been maintaining yourself so far?	:	
9.	Type and extent of disability this should be supported with Medical Certificate on the prescribed form by PMO, Chandigarh.	:	
10.	Total monthly income including income of father/sons/husband/wife.	:	
11.	Occupation before becoming unfit to earn and monthly income.	:	
12.	Are you drawing any pension/gratuity of financial assistance from Govt.? If yes give details.	:	
13.	Particulars of property (a) Moveable with approximate value (b) Amount invested in Govt. securities. (c) Any other source of income	: : :	
14.	Have you received any loan/ financial assistance? Give details.	:	
15.	Name and address of any two responsible persons known to the applicant.	:	1. 2.

Signature/ Thumb-Impression of the Applicant.

DECLARATION

I,S/o, D/o, W/o, Wd/o Sh. resident of do hereby solemnly affirm and declare that the information/ particulars given above are correct to the best of my knowledge and belief and nothing has been concealed therein.

Signature/ Thump-impression of the Applicant
(Attestation by Executive Magistrate/
Gazetted Officer/ Oath Commissioner)

For use in the office of the Tehsildar (Revenue), Chandigarh

Certified that:

- (i) The applicant Sh./Smt.S/o, D/o, W/o, Wd/o Sh. Permanent resident of Chandigarh. He/She is residing in Chandigarh for the last _____ years.
- (ii) The monthly income of the applicant/ family (including the income of earning sons living with the applicant) is Rs. _____ (Rupeesonly).

Tehsildar (Revenue), Chandigarh
(with office seal)

Required Documents:

- 1. Attested Two Passport Size Photographs
- 2. Attested Copy of the Ration Card or Copy of the Voter Identity Card.
- 3. Attested Copy of Disability Identity Card/Certificate.
