

MODEL APPLICATION FORM FOR BENEFIT UNDER NFBS

A. Details of Deceased

Name : _____ S/o _____

Gender (Male/Female) : _____ Age at the Time of Death: _____

Address:: _____

Village: _____

Gram Panchayat:/Ward/locality : _____

Sub District/Block : _____

District : _____

State : _____ PIN _____

BPL Details

Year: _____ Location: _____ Family ID No.: _____

Member ID No.: _____

B. Details of the Family Member to be provided Assistance

Name : _____ S/o _____

Gender (Male/Female) : _____ Date of Birth(with proof): _____

Address:: _____

Village: _____

Gram Panchayat:/Ward/locality : _____

Sub District/Block : _____

District : _____

State : _____ PIN _____

BPL Details

Year: _____ Location: _____ Family ID No.: _____

Member ID No.: _____

Signature of the Applicant/Thumb Impression

Counter Signature
Of Verification Officer _____

Name _____

Designation _____