Annexe III (contd.)

MODEL APPLICATION FORM FOR BENEFIT UNDER NFBS

	A. <u>Details of Deceased</u>	
Name :	S/o	
Gender (Male/Female)	: Age at the Time of Death:	
Address::		
Village:		
Gram Panchayat:/Ward/lo	cality :	
Sub District/Block	i	
District	· · · · · · · · · · · · · · · · · · ·	
State	: PIN	
BPL Details		
and a state of the second	:Family ID No.:	
Year: Location		
Member ID No.:		nce
Member ID No.:	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name :	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female)	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female) Address::	tails of the Family Member to be provided Assista S/o : Date of Birth(with proof):	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female) Address:: Village:	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female) Address:: Village:	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female) Address:: Village: Gram Panchayat:/Ward/I	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> Name : Gender (Male/Female) Address:: Village: Gram Panchayat:/Ward/I Sub District/Block	tails of the Family Member to be provided Assista	
Member ID No.: B. <u>De</u> B. <u>De</u> Name : Gender (Male/Female) Address:: Village: Gram Panchayat:/Ward/I Sub District/Block District	tails of the Family Member to be provided Assista	

Signature of the Applicant/Thumb Impression

Counter Signature
Of Verification Officer

Name_____

Designation_____