

GOVERNMENT OF MANIPUR DEPARTMENT OF SOCIAL WELFARE

APPLICATION FORM FOR CHIEF MINISTER'S WIDOW PENSION SCHEME

A. Details of Deceased	
Name :	S/o
Gender (Male/Female/Transgend	der) : Age at the Time of Death:
Address:	
Village:	
B. <u>Details of the Widow (Ap</u>	oplicant) to be provided assistance
Name :	S/o, W/O
Gender (Male/Female/Transgend	der) : Date of birth <u>(with proof):</u>
Address::	
Village:	
	:
	ificate to be enclosed) (Issued by SDC/SDO/BDO concerned
Annual income per annum	(Rupees
NAFSA Card Details:	
Card No.:Family ID	No.:
Member ID No.:	
Mobile Number	Aadhaar No
Bank Account No.	Name of Bank Branch
(IFSC Code)	
	(If Yes, enclosed Certificate)
cuments required: Aadhaar Card details	Signature of the Applicant/Thumb Impression
Bank Account details Death certificate issued by Registrar	
ath and birth.	Counter Signature
ncome Certificate(issued by mpetent officer)/NFSA card details	of Verification Officer
2(two) passport size photograph Age proof certificate issued by the	Name
mpetent Authority40-59 Years) For HIV +ve applicants, Certificate to	Designation
enclosed	- 0 <u></u>