

CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE



Photograph

OLD AGE PENSION APPLICATION FORM

1.	Name of the applicant	:	
2.	Age	:	
3.	Mark of Identification	:	
4.	Address where the applicant is residing for the last three years (Attach Proof)		
5.	Name of the Husband/ Father		
6.	Permanent Address		
7.	How have you been maintaining yourself so far?		
8.	Particulars of earning sons, husband/ wife indicating their names, addresses and monthly income and also their own family liabilities.		
9.	Whether belong to SC/ST/OBCs.		
10.	Occupation/profession of the applicant before he/she became unfit to earn.		
11.	Present monthly income including the income of sons/wife/husband.		
12.	Whether in receipt of any pension? If yes, indicate the amount.		
13.	Particulars of property held: (a) Moveable with particulars (b) Immoveable with details and approx. value. (c) Investment in Govt. securities. (d) Income from any other source	:	
14.	Have you received any loan/financial assistance? If so, give its details.		
15.	Whether applied earlier for pension under this scheme? If so, give details?		

16.	Name and address of any two responsible persons knows to the applicant.	:	1. 2.
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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 /Smt. Wd/o Sh..
..... Permanent resident of Chandigarh. 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)

For use in the office of Principal Medical Officer, General Hospital, Sector 16, Chandigarh

Certified that the applicant Sh./Smt..... S/o, W/o,
D/o, Wd/o Sh..... appeared before me in person and the
age of the applicant by appearance is assessed as

Signature of Principal Medical Officer, 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.
