

CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE



***APPLICATION FOR PENSION TO WIDOWS AND
DESTITUTE WOMEN***

Photograph

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.	Whether belong to SC/ST/OBCs.	:	
8.(I)	For Widow only	:	
(a)	When the husband died (Attach Proof)	:	
(b)	Occupation/ profession of husband before his death.	:	
(c)	What is your source of income after his death?	:	
(II)	For Destitute Women		
(a)	Occupation/profession of husband before became unfit to earn.	:	
(b)	If husband is missing, state since when	:	
(c)	Is your husband physically or mentally incapacitated to earn?	:	
(d)	Monthly income of the applicant including the income of sons, if any.	:	
9.	Whether in receipt of any Pension or gratuity or any other assistance?	:	
10.	Whether applied earlier for pension under this scheme, if so, give date and other details of application.	:	

11.	Particulars of property held: (a) Moveable (indicate value of property) (b) Immoveable with details (c) Income from any other source	:	
12.	Name and address of any two responsible persons known to the applicant.	:	1. 2.

Signature/ Thumb Impression of the Applicant

DECLARATION

I, 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/ Thumb-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.
- (i) 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 Smt..... 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.
