

**CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE**



**APPLICATION FOR UNEMPLOYMENT ALLOWANCE
TO DISABLED PERSONS.**

1.	Name of the Disable Person/ Applicant.	:	
2.	Name of Father/Husband	:	
3.	Date of Birth/Age (Proof to be attached)	:	
4.	Full Address where the Applicant is residing for the last three years.	:	
5.	Caste (Whether belongs to SC/OBCs/ others)	:	
6.	Sex (Male/female)	:	
7.	Whether married/unmarried	:	
8.	Nature & Percentage of disability (certificate to be attached).	:	
9.	Education Qualification	:	a) b)
10.	Specimen signature of the applicant.	:	1. 2. 3.
11.	Family total annual income from all sources.	:	
12.	Whether Registered with Regional Employment Exchange, UT, Chandigarh, if so, please indicate Registration No. Date.		

Signature of the Applicant.

DECLARATION

I, _____ S/o, D/o _____ do hereby solemnly affirm
resident of _____ do hereby solemnly affirm and declare that the information/ particulars given
above by me are correct to the best of my knowledge and belief and nothing has been concealed therein.

Signature of the Applicant

(Attestation by Executive Magistrate/ Gazetted Officer/Oath Commissioner)

INCOME CERTIFICATE

I, certify to the best of my knowledge and belief the total combined income from all sources of both the parents/ guardian of Shri/Smt./Ku
(Name of the candidate)
resident of in
Rs.....(Rupees.....) p.m.

Signature of candidate

Signature
(Name in block letters.)
Designation

Date:

Place:

Office Stamp.

I, Father/ Guardian of
Shri/Smt./Ku..... undertake to intimate to the Social Welfare Department, any change in the above mentioned income that takes place at any time during the pendency of the unemployment allowance.

Date:

Place:

Signature

Profession:

Postal Address:

N.B.:- It may be given by a Revenue Officer not below the rank of Tehsildar or any other officer of equivalent status or Gazetted Officer.

AFFIDAVIT

I, _____ S/o, W/o, D/o, Sh./Smt. _____ Resident of House No. _____, Chandigarh for the last _____ years, do hereby solemnly affirm and declare as under:-

1. That my name is registered for employment with special Employment Exchange for physically Handicapped persons in UT, Chandigarh.
2. That I have not claimed unemployment allowance from any other State Govt.
3. That I am not employed at present and shall inform the Director Social Welfare as and when gainfully employed.
4. That I was never dismissed from Government service or from the service of a public sector undertaking or a quassi-Govt. institution or a local body or was convicted of a cognizable offence involving moral turpitude.
5. That I am not drawing any financial assistance by way of pension etc. from any other source.
6. That the total income of my family is Rs.....
7. That the particulars given in my application are correct.

DEPONENT

VERIFICATION

Verified that the contents of above affidavit are true and correct to the best of my knowledge and nothing has been concealed therein.

DEPONENT

PLACE:

DATE:

LIST OF ATTESTED DOCUMENTS (GAZETTED OFFICER) TO BE ATTACHED:-

- (i) Date of Birth Certificate.
- (ii) Identity Card (Shows nature and percentage of disability)
- (iii) Income Certificate in the prescribed proforma.
- (iv) Affidavit in prescribed proforma.
- (v) Education Qualification
- (vi) Copy of Employment Registration Card.
