

FORM NO.  
N.S.A.P. ( N.F.B.) - 11  
(To be filled by applicant)

- 1) Village : \_\_\_\_\_
- 2) Municipal : \_\_\_\_\_
- 3) Block : \_\_\_\_\_
- 4) District : \_\_\_\_\_
- 1) Name of the applicant : \_\_\_\_\_
- 2) Father's Name : \_\_\_\_\_
- 3) Present Address : \_\_\_\_\_
- 4) Are you belongs to Scheduled Caste : \_\_\_\_\_
- 5) Name of the deceased and age : \_\_\_\_\_
- 6) Reason of Death : \_\_\_\_\_
- 7) Date of death and place : \_\_\_\_\_
- 8) Profession of the deceased and annual income. : \_\_\_\_\_
- 9) Applicants relation with the deceased : \_\_\_\_\_
- 10) Detail of family members of the deceased : \_\_\_\_\_

| Name of the Dependent Persons | Age | Relation |
|-------------------------------|-----|----------|
|-------------------------------|-----|----------|

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

I here by declare that the information given in the application form is true and correct to the best of my knowledge and belief.

Place : \_\_\_\_\_ Name \_\_\_\_\_  
Date :

Verification by Sarpanch/Panch/Municipal Councilor.

Certified that the information given by the applicant in the application form is true. If the information given by the application is found incorrect then the whole responsibility will be mine.

Signature of Sarpanch/Panch/  
Municipal Councilor.

Recommendation of M.P./M.L.A./President Zila Parishad /Pradhan Block Samti/Mayor, Municipal Corporation/ Pradhan Municipal Council/SDO(C)/ District Programme Officer/CDPO/ Tehsildar/BDO concerned.

Signature of recommending authority.