

**Annexure –I**

**ANDAMAN AND NICOBAR ADMINISTRATION  
DIRECTORATE OF SOCIAL WELFARE**

**APPLICATION FOR THE GRANT OF FINANCIAL ALLOWANCES TO  
THE PERMANENT DISABLED HANDICAPPED PERSONS**

1. Name of Applicant :  
(Block letters)
2. Father's Name :
3. Married/Unmarried/Widow :
4. Sex :
5. Date of Birth :
6. Nature of permanent disability :  
(100%) Medical Certificates of  
disability to be enclosed.
7. Permanent Address :
  
8. Present Address :
  
9. Employment Registration No. :
10. Category :
11. Religion :
12. Occupation :
13. Details of the assistance received :  
from Govt./Local bodies/autonomous  
bodies.
14. Details of family members :
15. Period of assistance applied for :



**SINGNATURE OF THE APPLICANT**

**CERTIFICATE TO BE FURNISHED FROM A REVENUE  
AUTHORITY NOT BELOW THE RANK OF TEHSILDAR**

Certified that Shri/Smti./Miss .....

S/o, D/o/W/o ..... R/o.....  
is a permanent resident of this Union Territory of Andaman and Nicobar Islands  
for more than 10 years at the time of making this application.

Place : Signature  
Date : Name .....

Designation .....

Office Seal .....

Contd.on..2..

: 2 :

**CERTIFICATE TO BE FURNISHED BY THE INVESTIGATOR**

Certified that the information furnished by Shri/Smt./Miss .....  
.....S/o, W/o/D/o .....  
R/o ..... has been verified and found correct.

Place : Signature of the Investigator  
Date : with date and Seal.

Countersigned

Sanctioned

Director(Social Welfare)  
A&N Admn., Port Blair.

Secretary(Social Welfare)  
A&N Admn., Port Blair.

(Verification on Non-judicial stamp paper not less than Rs. 2/-).

**AFFIDAVIT**

I..... S/o, W/o,D/o.....  
.....R/o .....  
aged .....years for hereby solemnly affirm and declare that :-

1. The particulars given by me in the application are true to the best of my knowledge and belief.
2. I am not in receipt of any other financial assistance or grant from any other sources.
3. I will refund the entire amount of assistance to the Govt. in case the information furnished by me proves wrong at any time.

Place :  
Date :

**(Deponent)**