

# WIDOW SUPPORT PROGRAM



Name of applicant \_\_\_\_\_

Husband's Name \_\_\_\_\_

Education of the applicant/widow: \_\_\_\_\_

Identification mark \_\_\_\_\_

Religion \_\_\_\_\_ cast \_\_\_\_\_

Date of birth/Year \_\_\_\_\_ Age \_\_\_\_\_

Since how many years applicant have been residing in Maharashtra \_\_\_\_\_

Permanent residential address \_\_\_\_\_

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Source of income \_\_\_\_\_

Details of monthly income \_\_\_\_\_

Details of immovable property like House/Land \_\_\_\_\_

Name of the person with whom you are residing \_\_\_\_\_ father/ Son/grand son/Other

Date of death of husband \_\_\_\_\_

Husband's job/income before his death \_\_\_\_\_

Family details:

No of children:

1) \_\_\_\_\_ education/job \_\_\_\_\_

2) \_\_\_\_\_ education/job \_\_\_\_\_

3) \_\_\_\_\_ education/job \_\_\_\_\_

4) \_\_\_\_\_ education/job \_\_\_\_\_

whose Husbands are alive but doesn't look after them :

Reason \_\_\_\_\_

Does he provide financial support to you? \_\_\_\_\_

Are you already getting financial assistance from any other organisation? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_

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Signature of applicant/thumb impression

Phone number \_\_\_\_\_