



APPLICATION FORM OF PENSION FOR WIDOW/DESTITUTE WOMEN

Fields marked with (*) are mandatory

Applicant's Detail :

| | | | | |
|---------------------------|--------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Applicant's Name* | | | | Photograph of the person (on whose name pension order will be issued) (This photo is for scanning do not cross sign) |
| Father's/ Husband's Name* | | | | |
| Mark of Identifications* | | | | |
| Date of Birth/Age* | | | | |
| Aadhaar No* | | | | |
| E-mail | | Mobile No* | | |
| Belong to SC* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Religion | <input type="checkbox"/> Buddhism | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Jainism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Sikhism | |
| | <input type="checkbox"/> Others (Please Specify) | | | |

Medical Certificate age verification Detail (Only in case when age certified by PMO):

| | | | |
|-----------------------|--|--------------------------------|--|
| Date of Verification* | | Age Verified by PMO(In Years)* | |
|-----------------------|--|--------------------------------|--|

Address where Applicant is residing for the last three years

| | | | |
|-------------------------------|--|-------------------|--|
| House No / Flat No * | | Sector / Village* | |
| State/UT* | | Pin Code* | |
| Years of Stay In Chandigarh * | | | |

Permanent Address :

Permanent address is same where applicant is living from past 3 years

| | | | |
|------------------------|--------------------------------|------------------------------------|--|
| House No / Flat No. * | | Sector / Village* | |
| Tehsil / Sub-District* | | District* | |
| State/UT* | | Pin Code* | |
| Applicant is | <input type="checkbox"/> Widow | <input type="checkbox"/> Destitute | |

For Widow women only :

| | | | | |
|------------------------------------------|--------------------------------------------------|---------------------------------|------------------------------|----------------------------------------------------------------------|
| When the husband died*: | | | | |
| Occupation of husband before his death*: | <input type="checkbox"/> Business | <input type="checkbox"/> Farmer | <input type="checkbox"/> Job | <input type="checkbox"/> Student <input type="checkbox"/> Unemployed |
| | <input type="checkbox"/> Others (Please Specify) | | | |
| Source of income after his death*: | | | | |

For Destitute women only :

| | | | | |
|--------------------------------------------------------|--------------------------------------------------|---------------------------------|------------------------------|----------------------------------------------------------------------|
| Occupation of husband before became unfit to earn*: | <input type="checkbox"/> Business | <input type="checkbox"/> Farmer | <input type="checkbox"/> Job | <input type="checkbox"/> Student <input type="checkbox"/> Unemployed |
| | <input type="checkbox"/> Others (Please Specify) | | | |
| Husband missing*: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If YES then Since *(Mention date in dd/mm/yyyy): | | | | |
| Husband physically or mentally incapacitated to earn*: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Particulars of Earning Details:

| | | | |
|-------------------------------------------------|----------------------------------------------------------|-------------------------------|---------------------|
| Present Total Family monthly income* | | | |
| Whether in receipt of any Pension/gratuity* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If YES provide the details * | | | |
| Property* | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If YES provide the property details : | | Moveable property value* | |
| Immoveable property value* | | Other source of Income* | |
| Applied earlier for pension under this scheme?* | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES provide details: | |
| Tehsildar Verified: | Monthly Income*: | Years of Stay in Chandigarh*: | Verification Date*: |

Name and address of any two responsible Persons known to the applicant:

| Sr. No. | Name* | Address* |
|---------|-------|----------|
| 1 | | |
| 2 | | |

Self-Undertaking

IWidow of Sh.aged resident of , verify and declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information and document given by me is proved to be incorrect/not true, I shall be liable for prosecution under section 177 & 191 of the Indian Penal Code, which stipulates imprisonment and fine.

Date : Signature:
Place: Name :

Photograph of the person applying for the certificate **with cross signature**

***Without cross signature on photograph and undertaking the application will be rejected**

For use in the office of the Tehsildar (Revenue), Chandigarh

Certified that:

- i. The applicant Smt. W/o, Wd/o Sh. permanent resident of Chandigarh. She is residing in Chandigarh for the last Years.
- ii. The monthly income of the applicant/family (including the income of earning sons living with the applicant) is Rs (Rupees only)

Tehsildar (Revenue), Chandigarh
(with office seal)

For use in the office of Principal Medical Officer, GMSH 16, GMCH 32 Chandigarh

Certified that:

The applicant Smt. W/o, 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)

Check List of Requisite Document Required while Applying

(Please check against the document being provided while applying)

Applicant has to bring original documents for verification and scanning at Sampark

| | | |
|---|------------------------------------------------------------------------------|--------------------------|
| 1 | Self-undertaking signed | <input type="checkbox"/> |
| 2 | Photograph of Applicant | <input type="checkbox"/> |
| 3 | Aadhaar Card | <input type="checkbox"/> |
| 4 | Residence proof (Minimum three years) | <input type="checkbox"/> |
| 5 | Date of Birth proofs / Age proof | <input type="checkbox"/> |
| 6 | Death Certificate of husband (In case of widow) | <input type="checkbox"/> |
| 7 | Un-traceability Certificate/100% disability certificate in case of destitute | <input type="checkbox"/> |

Date:

Signature:

Name :

Undertaking from Sampark Operator

It is hereby certified that the original documents as specified in the above checklist have been personally seen by me and the same have been uploaded in the online application

Date:

Signature :

Name :

| Documentary Proof of Address | Documentary Proof of Identity | Documentary Proof of Date of Birth |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">● Passport● Telephone (BSNL landline bill) on the Name of Applicant● Election Commission Photo ID card● Applicant's current and valid ration card● Aadhaar Card / E-Aadhaar letter issued by government of India.● House Allotment Letter● Residence Certificate● Driving License | <ul style="list-style-type: none">● Aadhaar Card / E-Aadhaar letter issued by government of India. | <ul style="list-style-type: none">● Birth certificate issued by a Municipal Authority or any office authorized to issue Birth and Death Certificate by the Registrar of Births & Deaths● School leaving certificate / Secondary School leaving certificate/ Certificate of Recognized Boards from the school last attended by the applicant or any other recognized educational institution● Passport● Pan Card● Age assessment certificate from PMO Sector-16/Sector-32 Govt. Hospital/Govt. Dispensaries● Senior Citizen Card |

Aadhaar Consent Form for Social Security Pension Scheme

I _____ S/W/D/O _____ Resident
of _____ holder of Aadhaar
No. _____ and Mobile No. _____ hereby give
my consent to the Department of Social Welfare, Chandigarh Administration for using my Aadhaar
number and mobile number to establish and authenticate my identity under Social Security Pension
Scheme. Further, I hereby give the consent that my Aadhaar number may be seeded with my pension
records and linked with digital locker and can be used for authentication and disbursement of pension
in my account.

(Signature/Thumb impression)

Date:

Name:

Address: