GOVERNMENT OF SIKKIM
SOCIAL WELFARE/WELFARE DEPARTMENT
GANGTOK

APPLICATION FORM FOR GRANT OF SUBSISTENCE ALLOWANCE FOR DISABLED PERSONS

1. Name of applicant ……
2. Father' s Name/Husband' s Name/Wife' s Name …… ……
3. Age as on 1.4.1998 ……
4. Panchayat Unit & Ward Post Office ……
   Sub Division ……
   District ……
   Constituency ……
5. Family Card No ……
6. Sikkim Subject Certificate Identification Certificate Land Parcha Yes/No
7. Whether the applicant is recipient of any other assistance from Government of other sources. Yes/No.

To the best of my belief and knowledge, the information given above are true, if any of the information given is found to be incorrect subsequently. I agree to discontinuation of the assistance under this scheme.

SIGNATURE OR THUMP IMPRESSION OF THE APPLICANT

To be enclosed:-

1. 3 recent passport photos.
2. Copy of Sikkim Subject/Land Parcha etc.
3. Photocopy of 1st/2nd and 4th page of Vikash Patrika.
4. Monthly income.

DOCTOR' S CERTIFICATE

This is to certify that Shri/Smt/Kumari ……S/O, D/O, W/O ……Age ……Years, resident of ……has ……% …… ……

(Visual/Locomotive/Speech/Hearing/Mental handicapped and is not fit to fend for himself/herself).

His/Her case is recommended for grant of Subsistence Allowance.

Signature and Seal of concerned Specialist or C.M.O.

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