

**GOVERNMENT OF SIKKIM
SOCIAL WELFARE DEPARTMENT
GANGTOK**

FORM I

(See clause 8/1)

SIKKIM WIDOWS REMARRIAGE SCHEME, 1993.

Application Form for payment of incentive to be submitted by eligible person.

1. Name : _____ Surname : _____
(In block Letters)
2. (i) Date of birth : _____
(By Christian era) _____
(ii) Permanent Address: _____
(iii) Present Address: _____
3. Occupation :
4. Marital status : **BACHELOR/WIDOWER/DIVORCE**
5. If widow or divorce, please indicate the following :
 - (i) Name of deceased/divorce wife: _____
 - (ii) Date of death/divorce of the
Deceased/divorce wife: _____
 - (iii) Details of children from the previous marriage (s).

Sl No.	Name	Date of Birth	Remarks (if any)

6. (i) Has the marriage been already solemnized: YES/NO.
(i) If yes, provide the following details of the widow:
 - (a) Name of the widow: _____
 - (b) Her date of birth/Age: _____
 - (c) Name of the deceased husband of the widow:
 - (d) Date of death of the deceased husband:
7. If the marriage has already been solemnised, please indicate the following:
 - (i) Name of the person/priest/Marriage Officer
Who solemnised the marriage:
 - (ii) Date on which the marriage was solemnised :
 - (iii) Name of the two witnesses before whom the
Marriage was solemnised.

1. _____

2. _____

8. (i) Whether the eligible person has fostered or proposes to foster any child/children born to the widow from the deceased husband YES/NO.
- (ii) Whether he claims maintenance allowance for the child/children being fostered : YES/NO.
9. If the eligible person has fostered or progress to foster such child/children please enclose attested documentary evidence for his :
- (a) Landed property :
- (b) Amount of monthly salary being drawn (in case of Govt. employee):
- (c) Number of depended family members of the applicant :
- (d) Details of the children as follows :

Sl.No.	Name	Age	Sex	Remarks (if any)

10. Have you availed of the incentive under the present Scheme before YES/NO.
11. If the marriage has already been solemnised, please affix a recent passport size joint photograph of the couple



Place :

Date :

(Name and signature of the eligible person):

TO BE FILLED UP BY CONCERNED GRAM PANCHAYAT

1. To the best of our knowledge and belief the statements given above are correct.
2. The marriage of Shri _____ aged _____
 _____ years, resident _____
 _____ and Smt. _____ aged _____
 _____ years, resident of _____
 was solemnised by _____ on _____
 at _____ in the presence of the following witnesses:

1. _____

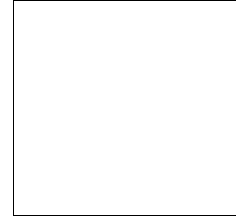
2. _____

3. The marriage of Shri _____
 Smt. _____ is not within the degree
 of prohibited relationship.
4. Neither of the contracting parties is a leper, lunatic or of unsound mind.
5. The husband of Smt. _____ died
 on _____
6. The following documents are enclosed with this application :
 - (a) Application of the widow in Form IA along with (No objection Certificate) in Form – III
 - (b) Undertaking of the application in Form II.
 - (c) Copies of the land patta and Sikkim Subject or domicile certificate of the eligible person.

(Seal of the concerned Gram Panchayat with signatures of the office bearers)

FORM I A
SIKKIM WIDOWS REMARRIAGE SCHEME, 1993
APPLICATION FORM FOR WIDOWS

Recent passport
Photographs (dully attested)



1. Name _____ Maiden Surname _____
(In block letters)
2. Date of Birth (by Christian era) _____
3. Permanent Address _____
4. Present Address _____
5. Occupation _____
6. Date of death of the deceased husband _____
7. Date of death of the deceased husband _____
8. Whether her deceased husband was a Sikkim subject certificate holder, domicile of Sikkim or had landed property

YES/NO
(If yes, please enclose
documentary evidence)

9. Details of the children from the deceased husband

Sl No.	Name	Date of Birth	Remarks, if any

10. (a) Whether any child/children from her

previous marriage is required to be
kept in custody of the contracting parties.

- (b) if yes, please provide the following details :

Sl. No.	Name	Age	Date of birth

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11. Name and address of person to whom
Presently married to :

Place:

Date:

(Signature of widow)

Declaration by the Widow
(See clause 6)

I, Smt. _____ aged about _____
years, resident of _____ who is presently married/or getting
married to Shri _____ resident of _____ do
hereby solemnly declare that I have contracted the present married with the person named above
voluntarily and/on my own will and desire.

Signature of the Widow

FORM – II
(See clause 8)
SIKKIM WIDOWS REMARRIAGE SCHEME, 1993.
UNDERTAKING FOR FOSTERING OF CHILD/CHILDREN BY
AN ELIGIBLE PERSON

To be submitted in triplicate)

I agree to foster the following child/children born from her deceased husband to
Smt. _____ whom I
have presently married, with/without maintenance allowance on the understanding that he/they shall not be
entitled to the inheritance right to my property.

Sl No.	Name	Date of Birth

(Signature of the eligible person agreeing to foster the child/children).

Witness

1.

2.

FORM III
(see clause 8/2)
SIKKIM WIDOWS REMARRIAGE SCHEME. 1993
NO OBJECTION CERTIFICATE REQUIRED TO BE SUBMITTED BY
A WIDOW

(To be submitted in triplicate)

I, Shri/Smt
Father/mother/next immediate kin of my deceased son/deceased
.....Shri who had married
Smt of on
..... and died on have no objection
To the remarriage of Smt to Shri
..... resident of as per the
Sikkim Widows Remarriage Scheme, 1993.

Place :

Date:

(Signature of father/mother/next immediate kin of
deceased husband of the widow)

Witnesses.

- 1.
- 2.

FORM IV
(See clause 13)
SIKKIM WIDOWS REMARRIAGE SCHEME 1993.
UNDERTAKING TO BE SUBMITTED BY AN ELIGIBLE PERSON

I
ofundertake that I will not divorce
Smtwhom I have married onor
take any such action as to annul the marriage with her under the Sikkim widows Remarriage Scheme,
1993 on any ground whatsoever for a period of ten years from the date of registration of our marriage in
the appropriate Court.

I am aware and know fully well that the Govt. has the right to take any action against me to
recover the amount of incentive being paid to me under Sikkim widows Remarriage Scheme, 199, if the
present marriage is annulled or if we separate before the expiry of the period of ten years.

Signature of the eligible person

Witness.

1.

2.