



Application for Welfare Programme

MKZ Complex Annex, IG Road Kozhikode, Kerala, India-673004

Name :..... Age :.....
Current Mailing Address: House :..... Ward :.....
PO :..... Village :.....
Panchayat / Municipality / Corporation :.....
Block :..... District :.....
State :..... Pin Code:.....
Contact Number : 1 2
Sex of applicant : Male Female
Status of applicant: With family Widow Single Orphan Chronic deceased Other :.....
Education level of the applicant :.....
Family member details : Male :..... Female :..... Total :.....
No. of earning members in the family :.....
Average monthly income :.....
Applying for
.....
.....

I confirm the truth of all statements made by me in this application and certify that above information are true to the best of my knowledge and belief.

Date : Place : Name & Sign

Recommended by :.....

Phone Number :.....

Date : Place : Sign

Official Use Only

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Tiloring Mechine | <input type="checkbox"/> Spects |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Cow/Goat | <input type="checkbox"/> support for differently abled |
| <input type="checkbox"/> Eye surgery | <input type="checkbox"/> Medical aid | <input type="checkbox"/> Marriage aid |
| <input type="checkbox"/> House | <input type="checkbox"/> Cycle | <input type="checkbox"/> House infrastructure |

Other :..... Remark :.....

Checked by
Name of staff from welfare deptment

Verified by
Name of the verifying officer

Approved by
Join director

Date :

File Number :