



മരണാനന്തര സഹായ പദ്ധതി അപേക്ഷ ഫോറം

NAME	
AADHAAR CARD NO	
WHATSAPP NO	
DATE OF BIRTH	
GENDER	
AGE	
FATHER/SPOUSE NAME	
BLOOD GROUP	
ADDRESS	
DISTRICT	
STATE	
EMAIL	
MOBILE NO	
NOMINEE NAME	
NOMINEE RELATIONSHIP	
NOMINEE ADHAAR CARD NO	
COPY OF ADHAAR CARD	
NOMINEE ADHAAR CARD	

PLEASE ATTACH THE FOLLOWING: COPY OF SELF-ATTESTED ADHAAR CARD, COPY OF NOMINEE SELF ATTESTED ADHAAR CARD, ADDRESS PROOF DOCUMENTS, SIGNED COPY OF TERMS AND CONDITIONS.

I HERE BY DECLARE THAT ABOVE MENTIONED INFORMATION GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



SIGNATURE OF THE APPLICANT

DATE