MODEL APPLICATION FORM FOR BENEFIT UNDER NFBS

A. Details of Deceased

ivame :		S/o	
*		Age at the Time of Death:	
Address::		Tage at the Time of Deam.	
Village:			
Gram Panchayat:/Ward/loo	cality	:	_
Sub District/Block	:		
District	7.27		
State		PIN	
BPL Details		1 111	
Year: Location:		Family ID No.:	
Member ID No.:		willing 115 110	
		ne Family Member to be provided As	sistance
Name :		S/o ·	1
Gender (Male/Female) Address::	:	Date of Birth(with proof):	
Village:			
Gram Panchayat:/Ward/loca	lity		
Sub District/Block			
District			
State		DD	
BPL Details	· 	PIN	
		Family ID No.:	
1ember ID No.:		Pailing ID No.:	
		Signature of the Applica	unt/Thumb Impression
		Counter Signature Of Verification Officer	
		9	
8		Designation	