



**Government of Goa**  
**DIRECTORATE OF TRIBAL WELFARE**  
**Panaji –Goa**

**Application Form**

Application for availing financial assistance to Children of widow belonging to ST community

**FORM A**

To  
The Director,  
Directorate of Tribal Welfare,  
Panaji, Goa

Passport size  
Photograph  
of the  
Applicant

Sub: Application for availing assistance to Children of widow  
belonging to ST community

Sir,  
Application for availing financial assistance to Children of widow belonging to ST community

|            |                                                     |        |                  |                     |                          |       |
|------------|-----------------------------------------------------|--------|------------------|---------------------|--------------------------|-------|
| 1.         | Name of Applicant                                   |        |                  |                     |                          |       |
| 2.         | Applicants Husbands Name                            |        |                  |                     |                          |       |
| 3.         | Applicants Permanent Address:                       |        |                  |                     |                          |       |
|            | a. House No.                                        |        |                  |                     |                          |       |
|            | b. Waddo/Locality                                   |        |                  |                     |                          |       |
|            | c. Village                                          |        |                  |                     |                          |       |
|            | d. VP/ Municipality                                 |        |                  |                     |                          |       |
|            | e. Taluka                                           |        |                  |                     |                          |       |
|            | f. District                                         |        |                  |                     |                          |       |
|            | g. Assembly Constitution                            |        |                  |                     |                          |       |
|            | h. PO Pin Code                                      |        |                  |                     |                          |       |
| 4.         | Mobile No./ Telephone No.                           |        |                  |                     |                          |       |
| 5.         | Applicants Date of Birth/Age                        |        |                  |                     |                          |       |
| 6.         | Applicants Religion                                 |        |                  |                     |                          |       |
| 7:         | Scheduled Tribe Community of<br>Husband / Applicant |        |                  |                     |                          |       |
| 8.         | DSS Beneficiary No.                                 |        |                  |                     |                          |       |
| 9.         | Date of Death of the Husband                        |        |                  |                     |                          |       |
| 10.        | Details of Children                                 |        |                  |                     |                          |       |
| Sr.<br>No. | Name of the Child                                   | Gender | Date of<br>Birth | Studying<br>in Std. | School Name &<br>Address | Photo |
|            |                                                     |        |                  |                     |                          |       |
|            |                                                     |        |                  |                     |                          |       |
|            |                                                     |        |                  |                     |                          |       |

|     |                                      |  |
|-----|--------------------------------------|--|
| 11. | Details of Bank Account              |  |
|     | a) Name of the Payee (Joint Account) |  |
|     | b) Name of the Bank                  |  |
|     | c) Bank Branch Address               |  |
|     | d) Bank Account Number               |  |
|     | e) Type of Bank Account              |  |
|     | f) MICR Code of the Bank             |  |

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**DECLARATION**

I, the above named applicant do hereby declared that the particulars given above are true and correct to the best of my knowledge and belief.

Date: -

Signature of the Applicant

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Enclosures:

1. Marriage Certificate of the Applicant.
2. Death Certificate of the Husband of the applicant.
3. ST Certificate of either of husband or of the applicant or of the children issued by the competent authority.
4. Birth certificate of the Children.
5. DSS Sanction order copy.
6. Aadhar Card Copy of Applicant and Beneficiary
7. Joint A/C of the Children