



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

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

Passport size
Photograph
of the
Applicant

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 Husband / Applicant					
8.	DSS Beneficiary No.					
9.	Date of Death of the Husband					
10.	Details of Children					
Sr. No.	Name of the Child	Gender	Date of Birth	Studying in Std.	School Name & 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	

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

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

