



Government of Goa
DIRECTORATE OF TRIBAL WELFARE
Panaji –Goa

Application Form

Application for availing financial assistance to Orphan Child belonging to ST community
FORM B

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

Sub: Application for availing assistance to Orphan Child
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 Age					
3.	Name of the Orphan Child					
4.	Address of Orphan Child					
	a. House No.					
	b. Waddo/Locality					
	c. Village					
	d. VP/ Municipality					
	e. Taluka					
	f. District					
	g. Assembly Constitution					
	h. PO Pin Code					
5.	Mobile No./ Telephone No.					
6.	Date of Birth of Orphan Child					
7.	Place of Birth of Orphan Child					
8.	Religion of Orphan Child					
9.	Scheduled Tribe Community					
10.	Orphans Father's Name					
11.	Orphans Mother's Name					
12.	Applicants relation with Orphan Child					
13.	Details of Orphan and his sibling if any					
Sr. No.	Name of the Child	Gender	Date of Birth	Studying in Std.	School Name & Address	Photo

14.	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. Birth Certificate of the Orphan Child.
2. Death Certificate of the Father/Mother.
3. ST Certificate of children issued by the competent authority.
4. Copy of the Election Card/Ration Card of the applicant
5. Aadhar Card of the Applicant Or children
6. Joint A/C of the Children