

APPLICATION FORM FOR HARISCHANDRA SAHAYATA YOJANA UNDER C.M.R.F.-2013

1. Name of the applicant :-
2. Relation with the diseased person :-
3. Date of Death :-
4. Name of the diseased person :-
5. Father / Husband name of diseased person :-
6. Address :-
7. BPL No :-
8. Age :-
9. Sex :-
10. Category :-

This is to certify that the above mention information is correct.

**Signature of the
Councilor**

**Signature of the applicant
Date :**

CERTIFICATE

This is to certify that the applicant belongs from BPL category & he is eligible to get
Rs...../- (Rupees.....) only for funeral / cremation purpose.

**Chairperson
NAC, Kotpad**

Diseased Person Photo