

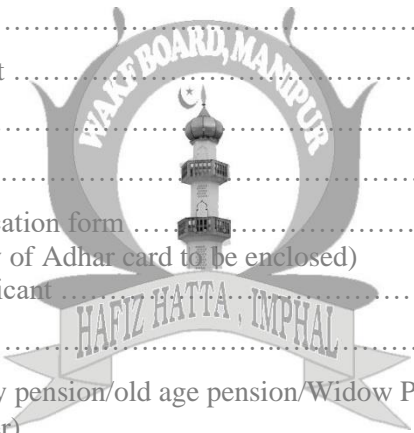
WAQF BOARD: MANIPUR
HAFIZ HATTA, MINUTHONG, IMPHAL-795001
(Constituted by Government of Manipur Under the Waqf Act-1995)

Attach a recent
passport photo
duly attested
by Gazetted
Officer

APPLICATION FORM FOR FINANCIAL ASSISTANCE TO DESTITUTE WOMEN/WIDOWS
FOR THE YEAR 2022-2023
(WIDOW/DESTITUTE WOMEN BETWEEN AGE 25 TO 75)
All entries must be duly filled in

Applicant Phone No.

1. Name of the Destitute/Widow women
2. Father's/Husband's Name:
3. Occupation of husband/father during life time
4. Postal Address of applicant
5. Name of Mahallah of the applicant
6. District
7. Assembly Constituency
8. Age on the date of filling of application form
- (age Proof Certificate: Xerox copy of Adhar card to be enclosed)
9. Occupation/Profession of the applicant
10. Annual Income of the applicant
11. Is the applicant in receipt of family pension/old age pension/Widow Pension Scheme ?.....
(Certified by the **Gazetted** Officer)
12. (a) In case of widow women give cause of death of her husband:
- (b) In case of destitute women, give details:.....
13. Name of the bank & address:.....
14. Account No. Aadhaar No.....
15. IFSC code.



Documents to be enclosed: -

1. Xerox copy of Bank pass book for applicant.
2. Income Certificate by the Concern Authority.
3. Death Certificate by the Concern Authority/ Gazetted Officer.
4. Destitute women certificate by the Gazetted Officer.

Note : Applicants are advised to submit bank accounts which are operational.

Place:
Date:

Signature/Thumb Impression
of the Applicant.

TO WHOM IT MAY CONCERN

This is certify that Mrs.....
W/o., D/o, H/o, a resident of
..... P.O..... P.S.....
District Manipur.

Her Aadhar No is ----- .She is a Widow / Destitute women.

Whether she is in receipt any benefit of family pension/Old age pension/Widow Benefit Pension Scheme. Yes/No

She is not related to me.

Signature of Gazetted Officer

Date :

Name :

Place :

With Seal :

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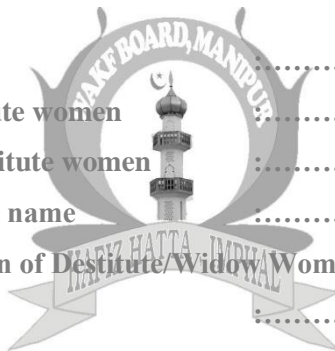
APPLICANT COPY
(WIDOW / DISTITUTE WOMEN SCHEME 2022-2023)

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Receipt No.....

Date of receipt.....

1. Form No.
2. Name of the Widow / Destitute women
3. Address of the Widow / Destitute women
4. Husband/Guardian/Father's name
5. Signature/Thumb Impression of Destitute/Widow Women :.....
6. Signature of the receiver



APPLICANT'S COPY