

### 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 Gazette  
Officer

#### APPLICATION FORM FOR FINANCIAL ASSISTANCE TO DESTITUTE WOMEN/WIDOWS, FOR THE YEAR 2023-2024

(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. ....Adhaar No.....
15. IFSC code. ....

**Documents to be --enclosed: -**

1. Xerox copy of Bank pass book for applicant.
2. Income Certificate by the Concern Authority/Gazetted Officer.
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.

She, Aadhar No is ----- . She is a Destitute/Widow woman.

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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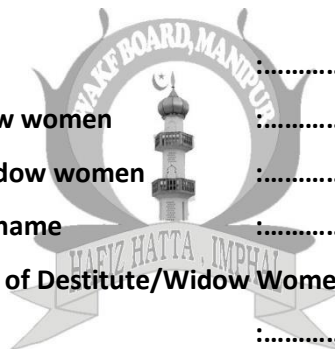
**APPLICANT COPY**

**(DISTITUTE /WIDOW WOMEN SCHEME 2023-2024)**

Receipt No.....

Date of receipt.....

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



**APPLICANT'S COPY**

**TO WHOM IT MAY CONCERN**  
**INCOME CERTIFICATE**

This is certify that Mrs -----

W/O, D/O, of ----- in habitant of -----

----- P.O. -----

P.S. ----- District----- Manipur.

Her annual income is Rs. -----/- ( Rupees -----) ending 31<sup>st</sup>  
March 2024.

She is not related to me.

Place :

Signature : -----

Date :

Name : -----

Designation : -----

With Seal : -----

**TO WHOM IT MAY CONCERN**  
**DEATH CERTIFICATE**

This is certify that Mrs -----

W/O of ----- in habitant of -----

----- age about ----- years. P.O./P.S.-----

----- District----- Manipur

is a widow as her husband was expired on ----- by -----

Is know to me at the best of knowledge.

She, Aadhar No is -----

She is not related to me.

Place :

Signature : -----

Date :

Name : -----

Designation : -----

With Seal : -----