SOCIAL WELFARE DEPARTMENT



GOVERNMENT OF MIZORAM

Application form for Disability Pension

1.	Nam	e of A	App	lica	nt *																									
																														<u> </u>
2.	2. Date of Birth * Age *								Gender* 🗌 Male																					
3.	. Phone No.																													
4.	4. Email																													
5.	5. BPL/AAY No. * 6. Ration Card No.										7. Voter Card No. *																			
		•					L																							
8.	Fath	er's l	Nam	e *																										
																														<u> </u>
8.	B. Mother's Name																													
8.	Spou	se's l	Nam	e																										
9.	Presei	nt Ad	ldres	s												10. Permanent Address * (Permanent address is same as present address): Yes No No														
]	House	No.																No.		Т							T			
S	Sub-lo	cality	/							-			-	_				ocalit												
]	Block																ock		.,	_							\rightarrow			
Village/Town						_				e/To	wn		+	+					+											
District											w 11								\square											
Ś	State															District State														
I	Pin code								Pin code																					
11.	Guai	dian	's de	etail	ls																			-						
	ardian														Phone No.															
Gu	ardian	's O	ccup	atio	on											Rela	atior	nship	wi	th g	guar	diar	1							
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Guardian's Present Address

House No.					
Sub-locality					
Sub locality					
Block					
Village/Town					
v mage/ rown					
District					
State					
Pin code					

Permanent Address (Permanent address is same as present address): Yes

House No.					
Sub-locality					
Block					
Village/Town					
District					
State					
Pin code					

No

Notes: (To be enclosed) *

NB: * - mandatory field

- 1. LC/VC recommended letter
- 2. BPL Card
- 3. Voter ID
- 4. Disability Certificate