SOCIAL WELFARE DEPARTMENT



GOVERNMENT OF MIZORAM

Application form for Widow Pension

1.	Nai	ne (ot A	pp	lica	ınt '	ኍ																										
																														<u> </u>			\Box
																														Ш.			
2.	2. Date of Birth * Age *																																
3.	Pho	one	No.																														
4.	Em	ail																															
5.	5. BPL/AAY No. * 6. Ration Card No.								7. Voter Card No. *																								
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8.	Hu	sba	nd's	N	ame	2																											
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	Guardian's details Guardian's Name									F	Pho	one l	No																				
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Gua	ardia	ın's	Осо	euj	oatio	on											Relationship with guardian																
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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 No

House No.					
Sub-locality -					
Sub-locality					
Block					
Village/Town					
v mage/10wn					
District					
State					
Pin code					

Notes: (To be enclosed) *

NB: * - mandatory field

1. LC/VC recommended letter

2. BPL Card

3. Voter ID

4. Widow Certificate