

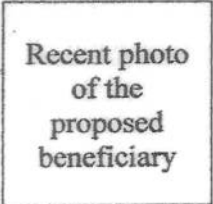
Council For Rehabilitation of Victims of Militancy in J&K
Application Cum Sanctioning Form
District Committee.

*Attach additional Sheets wherever necessary please fill in
Duplicate one copy be sent to Nodal Officer for his record.*

Part-A

(To be filled by the beneficiary legal guardian)

1. Name of the Beneficiary _____
2. Parentage/Husband _____
3. Present address _____
Village _____ Tehsil _____ District _____
4. Permanent address _____
Village _____ Tehsil _____ District _____
5. Age / Date of Birth. _____
6. Brief details of incident due to which beneficiary has become a victim of militancy (indicate date, name of person killed, disabled etc.)



7. Family Details

S.No	Name	Age	Sex	Relationship with beneficiary	Occupation	Income (Annual)
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8. Total annual family income (Estimated) _____
9. Details of ex-gratia, if any received by the family _____
10. Details of any other financial assistance received from any orphan source (Government/Non-Government/Red Cross etc.)

11. I hereby declare that the above information is correct to the best of my knowledge and belief.

**Signature of beneficiary/
Legal Guardian with full
Particulars.**

Place _____

Date _____

Name of the child	Age	Whether entitled for assistance and if so, separate application submitted or not.

8. The following certificates enclosed
- Certificate of date of Birth from the prescribed authority under the Registration of Births and Deaths Act, 1969.
 - Study certificate from the educational institution where the child is presently studying (Specimen A) this will not be applicable where the child is below 5 years of age.
 - Income certificate of the family from the competent authority.
 - Medical Certificate from the District Medical Officer. (Refer item 4(h) and 6(c) if applicable.
 - Copy of the First Information Report (FIR) AND Death cum post mortem certificate (Refer item 5&6).
9. I _____ (name of the applicant) declare that the child is not getting assistance from any other source.

Signature of the Applicant

The information furnished above has been verified and found correct.

**Tehsildar/B.D.O/Revenue Officer
With official seal.**

Part-II

(To be filled by the District Committee)

- Certificates at Sr. No.(1) to (5) of column 8 of the application form are attached.
- Social Welfare Service needed by the Child whether recommended for placing the child with voluntary institution/foster care/adoption or placement with near relation/ family friend. _____
- Name and address of the person to whom the assistance is to be remitted. _____
- Recommendation of the District Committee. _____

Official Seal and Signature of DSWO
Dated.

**Signature
District Magistrate/Collector.**