



FORM - I
(See Rule 5(1))

APPLICATION FOR GRANT OF FUNERAL EXPENSES OF THE DISABLED PERSONS
UNDER THE PERUNTHALAIVAR KARMAVEERAR KAMARAJ SCHEME FOR FINANCIAL
ASSISTANCE TOWARDS FUNERAL EXPENSES OF DISABLED PERSONS WHO ARE IN
RECEIPT OF THE FINANCIAL AND OTHER ASSISTANCE FROM SOCIAL WELFARE
DEPARTMENT IN THE UNION TERRITORY OF PUDUCHERRY

PART - I
(PARTICULARS OF THE DECEASED)

1. Name of the diseased disabled person :
2. Name of the father/husband of the deceased :
3. Pension No. (Enclose the original card issued by the department) :
4. Place & address where death occurred :
5. Cause of death :
6. Date of death (copy of the burial/cremation order issued by the competent authority) :
7. Month up to which financial assistance received :

PART - II
(PARTICULARS OF THE APPLICANT)

1. Name of the applicant :
2. Father's/Husband's Name :
3. Relationship with the deceased (Enclosed any proof such as ration card/birth certificate/Marriage certificate EPIC to establish the relationship) :
4. Place where last rites & funeral were performed :
5. Date of funeral :
6. Details of the spouse/sons/daughters of the deceased :

Sl.No.	Name	Age	Relationship	Address
1				
2				
3				

7. Whether belongs to SC/ST :
8. Whether the applicant has applied for/obtained any assistance from any other source for the same purpose ? If so please furnish the details :

I husband/wife/son/daughter of the deceased Thiru/Tmt. hereby declare that I have performed the last rites and funeral of the said Thiru/Tmt. who expired on I have not obtained/applied for any financial assistance from any other source for the same.

I further declare that the particulars above are true/correct to the best of my knowledge and that I will repay the entire amount if the particulars furnished by me to be false on a later date.

Signature/Thumb
Impression of the Applicant

**PART - III
DECLARATION BY OTHER LEGAL HEIRS**

I/We, the undersigned to this declaration, hereby declare that I/We have no objection to make payment for financial assistance towards funeral expenses of Thiru/Tmt. to the applicant Thiru/Tmt.

Sl.No.	Name & Address	Relationship with the deceased	Signature
1			
2			
3			

CERTIFICATE OF THE ANGANWADI WORKER

I Anganwadi worker of (name of the centre) hereby declare that the deceased disabled person Thiru/Tmt. was receiving financial assistance through my centre and that he/she expired on The applicant Thiru/Tmt. performed the funeral of the deceased.

Place :
Date :

Signature of the Anganwadi Worker