

ANNEXURE.V

(Vide paragraph 2-II of G.O.Ms.No.395, Personal and Administrative Reforms (Per.S) Department, dated 04.11.1993)

1. Name of the Individual :
2. Full Postal Address :
3. Details of Job held, if any :
4. Particulars of her children, if any :
5. Home and last occupation of her late husband :
6. Date of demise of her husband :
7. Monetary benefits received after her husband's death by way of family pension, insurance, etc., if any :
8. Details of properties, if any, immovable and movable left behind by him. :
9. Present monthly income :
 - a) From Salaries / Wages
 - b) From Family Pension
 - c) From Private Pension
 - d) Rents Received
 - e) From Private Practice
 - f) Other sources, if any
 - g) Total
10. Whether, living alone or living with her husband' parents / in-laws / parents/ brother (s)?
11. Whether she satisfies the definition of the term "Destitute Widow" as defined in G.O.Ms.No. 395, Personnel and Administrative Reforms (Per.S), Department, date 04.11.1993

Certified that, I have verified the particulars furnished by the individual and satisfied myself of her claim with reference to the definition of the term "Destitute Widow"

Certificate Reference No. : _____
Place : _____
Date : _____
Signature : _____

Name : _____
Designation : Revenue Divisional Officer/
Assistant Collector /Sub Collector

NOTE : Attestation should be done personally
by the Revenue Divisional Officer/
Assistant Collector/Sub-Collector himself.