



WIDOW/WIDOWER PROFILE

TRANSFORMATION CHARITABLE ACTION

Satabdi Bihar, Bidanasi, Cuttack, Odisha-753014

Widow's/Widower's _____ Date: ____/____/____
Registration
Number: _____

Name: _____

Gender: Male / Female / _____

Date of Birth: ____/____/____ Age: _____

Years

Affix Passport Size
Photo

Husband/Wife _____

Name: _____

Cause of _____

Death of _____

Wife/Husband: _____

Nationality: Indian Indian

Religion: Hindu / Christian / Muslim / _____

Address: _____

Contact _____

Phone: _____

(Of

Near

Relative

if any)

Widow's/Widower's Case History:

Any Dependent(s):

(ଏହି ବିଧବା/ପରିତ୍ୟକ୍ତା ମହିଳା/ପୁରୁଷ ଉପରେ ନିର୍ଭର କରୁଥିବା କେହି ଅଛନ୍ତିକି ?)

Name: _____ Age: _____ Sex: _____

Prepared/Received the proper documents:

1. Death Certificate () _____

2. Adhar Card Photo Copy () Number- _____

3. Letter From Sarapanch / Word Councelor / Paster () _____

4. _____

Emergency _____

contact ()

Signature/Thumb Impression of the
Widow/Widower

Signature of Field Worker