

APPLICATION FORM FOR WIDOW PENSION

1.NAME OF THE APPLICANT :

2 HUSBAND'S NAME

3. FULL RESIDENTIAL ADDRESS:

4. SINCE HOW LONG RESIDENT
OF ANDHRA PRADESH

5.AGE OF APPLICANT

6.WHETHER APPLICANT IS HAVING
ANY RELATIVES GIVE
THEIR DETAILS

7.WHETHER APPLICANT HAS ANY
OTHER SOURCES OF INCOME

8. MARKS OF IDENTIFICATION :

1. -----

2. -----

I -----W/o ----- do hereby state
what is stated above is true and correct to the best of my knowledge and belief. Hence
certified on this the ----- day of -----2001

PLACE :

DATE:

**SIGNATURE OR THUMB IMPRESSION OF
THE APPLICANT**

For office use

HENCE RECOMMENDED/NOT RECOMMENDED.

PASSPORT SIZE
PHOTOGRAPH
TO
BE
PASTED HERE