

**APPLICATION FORM FOR OLD AGE PENSION UNDER NSAP**

**PART -1**

**DISTRICT**

**MANDAL:**

**WARD &H.NO**

**LOCALITY:**

1 FULL .NAME

2 NAME OF THE FATHER/HUSBAND'S

3. FULL RESIDENTIAL ADDRESS:

4. WHETHER SC/ST/BC

5. WHETHER LANDLESS WOMEN  
OR PHYSICALLY HANDICAPPED

6. AGE ON THE DATE OF THE APPLI-  
CATION (MORE THAN 6(SIX) MONTHS  
MAY BE COUNTED AS FULL YEAR)

7 I SOLEMNLY AFFIRM THAT

- A. I AM A DESTITUTE AND HAVE MEAGRE OR NO SOURCE OF INCOME OF MY OWN OR FAMILY OR SUPPORT FROM FAMILY MEMBERS OR FROM OTHER SOURCE.
- B. I HAVE/HAVE NOT APPLIED PREVIOUSLY FOR GRANT OF OLD AGE PENSION UNDER NSAP.
- C. I AM RESIDENT OF ----- DISTRICT WHERE I HAVE BEEN RESIDING DURING THE 3 YEARS IMMEDIATELY PRECEEDING THE DATE OF APPLICATION.
- D. I DECLARE THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLACE:

DATE:

SIGNATURE OR THUMB IMPRESSION OF  
THE APPLICANT.

(This application needs to be submitted to the Mandal Parishad Development officer after obtaining necessary documentary evidence from the MRO)