

**Application Form for Indira Gandhi National
Disability Pension Scheme**

IGNWPS No.

To,
Director of Scheme,
Rural Development Agency,
Dadra and Nagar Haveli,
Silvassa

1. State/District/Block : _____
2. Name of Village Panchyat : _____
3. Society Name : _____
4. Beneficiary's Name
(First Name/ Husband
Name/Surname of Father) : _____
5. Heir's Name : _____
6. House No. : _____
7. Gender (Male /Female) : _____
8. Age in years : _____
9. Date of Birth (Date,Month,Year)
(Eg: 22.12.1915) : _____
10. Birth Certificate : _____
11. Annual Income and Certificate : _____
12. Domicile Certificate : _____
13. Certificate Issuance Date : _____
14. Type of Disability (First Type, : _____
15. EPIC No. : _____