



INSTITUTE OF PUBLIC ASSISTANCE

(Providoria), Mala, Panaji-Goa.

APPLICATION FOR ASSISTANCE

To,
The Director,
Institute of Public Assistance,
Panaji – Goa.

Sub:- Request for:

1. Admission
2. Financial assistance for:
 - a) Purchase of Medicines
 - b) Purchase of Spectacles
 - c) Purchase of Artificial limb / calipers
 - d) Celebrating Marriage of a girl
 - e) Being a Stranded visitor
 - f) Burial or Cremation of deceased family member

(Tick whichever is applicable)

Dear Sir,

I I am in need of assistance for the following reasons.

- 1 _____
- 2 _____
- 3 _____

II Information as would facilitate decision, on my request is furnished below:

Yours faithfully,

(Signature or left hand thumb
impression of the applicant)

1. Full in capital letters: _____
 2. Address in full including _____
 3. Age:- _____
- III Members of the family living with the applicant

Sr. No.	Name	Age	Relationship with the applicant	Occupation	Income per month
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

IV Members of the family not living with the applicant

1)					
2)					
3)					
4)					

(Please score out which is not applicable)

V Herebelow give a brief story of the case indicating special reasons if any requesting assistance.

VI Income of the applicants family from all sources including that earned by the other members living with the applicant.

Sources	Amount earned yearly
Land produced	_____
House rent	_____
Service/ Labour	_____
Other work	_____
The size of land owned	_____
Cultivated or on rent	_____
Land owned	_____
Land rented	_____

Income of land terms of Produce

Paddy _____ owned land _____ rented land
 _____ coconuts _____ other produce

VII Are any members of the applicant's family in position to work ?

Yes / No.

If Yes, then say what kind of work he/she could do to earn a living for the family.

Sr. No.	Name	Age	Kind of work he / she could do
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

VIII State present monthly income of the family, from all sources which helps the applicant's family, to maintain itself Rs. _____

State approximate minimum monthly expenditure Rs. _____

IX Did any member of the applicant's family receive / received any assistance from the Institute of Public Assistance or other public agencies.

Yes / No.

If Yes, please give the following information

Sr. No.	Name and address of the agency	Amount received for the month	when
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Residential Certificate for 15 yrs.

Medical Certificate

Marriage registration certificate

Extension officer certificate

Income Certificate

Enclosed / not enclosed

Affidavit

Place:

Date _____

Signature / thumb impression of the applicant