

FORM OF APPLICATION

(Under Mukhyamantri Dev Darshan Yatra Yojana)

To,
The Director of Social Welfare
Panaji Goa

Photo of the
Applicant attested by
a Gazetted Officer or
M.P./M.L.A. of State
Government

Sir,

I, Shri/Smt/Kum. _____ hereby
apply for selection for under taking Tour/Pilgrimage.

Select the Place of Pilgrimage: _____ / _____ / _____
_____ / _____ / _____

My particulars are as under.

1. Name:-.....

2. Father's/ Husband's Name:-.....

3. Residential Address

H. No. _____ Ward _____

Village/Town _____ Constituency _____

Taluka _____

Nearest Landmark: _____

4. Date of Birth/Age:-.....

5. Whether Belongs to SC/ ST/OBC/ Minority/General: _____

6. Religion: _____

7. Aadhar card No.....

8. Contact No:-.....

9. Total Family Income from all sources for the year..... is
Rs.:.....(Rupees..... only)

10. Details of person to be contacted in case of emergency/Accident/illness etc.

A) Name of Person:.....

B) Detail Address:.....

C) Relationship with the applicant:.....

D) Contact number:.....

11. Details of Attendant

Photo of Attendant

a) Name:-.....

b) Father's/ Husband's Name:-.....

c) Relation with the Applicant:.....

d) Residential Address

House No. _____

Ward _____

Village/Town _____

Constituency _____ Taluka _____

Nearest Landmark: _____

e) Date of Birth/Age:-.....

f) Whether Belongs to SC/ ST/OBC/ Minority/General:

g) Religion: _____

h) Aadhar card No.

i) Contact No:-.....

DECLARATION

I, hereby declare that

1. I have not availed the benefit of such scheme sponsored by Government or any other agency in past.
2. I am physically and mentally fit for performing pilgrimage.
3. I am not suffering from any serious ailments, communicable diseases or mental diseases.
4. I shall take care of jewellery and other belongings during the tour and Government shall not be held responsible for any loss or theft of my jewellery and other belonging.
5. The contents mentioned in the application from Sr. No. 1 to 11 are correct to the best of my knowledge and belief and nothing has been concealed therein.
6. If my declaration is proved to be wrong I am liable for all Civil/Criminal action.

Date:-

Name : _____

Signature of the applicant