

ANNEXURE - 'D'

FORM OF APPLICATION

(Under Mukhyamantri Dev Darshan Yatra Yojana within the state of Goa)

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 to visit temples/churches/Mosques other places within the state of Goa.

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. (i) Aadhar card No. _____
(ii) Election Card No. _____
8. Contact No: _____
9. 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: _____

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 9 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

Documents to be submitted alongwith the application

1. Birth Certificate/ proof of age
2. A copy of Aadhar Card
3. A copy of Election Photo Identity Card
4. A copy of Senior Citizen Identity card issued by Directorate of Social Welfare.
5. A Certificate issued by registered Medical Officer, Directorate of Health Services, Government of Goa in prescribed format (Annexure-E) for Applicant.

Note - The applicant shall submit self attested documents/photographs and shall produce original documents at the time of submitting the application in the Office of the Deputy Collector in respective Taluka.