

No. 10/NFBS/DSWO/UKL.
GOVERNMENT OF MANIPUR
OFFICE OF THE DEPUTY COMMISSIONER, UKHRUL / DISTRICT.


N O T I C E
Ukhrul, the 7th March, 2013.

Applications are invited from the public of Ukhrul District for awarding of **National Family Benefit Scheme** who fulfill the criteria given below:

1. The applicant should be living below poverty line.
2. The assistance will be provided to the family if one of the bread-winner of the family died.
3. The death of such a primary bread-winner should have occurred while he/she is in the age group of 18-64 yrs
4. The form can be obtained from the **Nodal Officer, DC's office – Shri Shimreingam AC to DC; Room No.E212** 1st Floor DC's office Ukhrul District. Form is also uploaded in the Ukhrul District web site (viz) **ukhrul.nic.in**. A sample copy of the form is given below which may be printed on a plain paper and submitted.
5. The last date of form submission to the Nodal officer is on or before **20/03/2013**.
6. In any case the form will not be accepted after the closing date.

NB: National Family Benefits Scheme:

1. Central assistance will be available for a lumpsum Family Benefit for household below the poverty line on the death of the primary bread-winner in the bereaved family.
2. The Central assistance under the Scheme will be Rs, 10,000/- in the case of death of the primary bread-winner.


7/3/13
(R.Sudhan, IAS.)
DC/Chairman, NSAP
Ukhrul.

Copy to:-

1. The Commissioner (SW), Govt. of Manipur for kind information.
2. The Director (SW), Govt. of Manipur.
3. The Editor – Aja daily: Town Tantak for publishing in your esteemed Newspaper.

(To be filled up by the enquiry team)

1. Age of the deceased :
(Age group 18 to 64 years)
2. Income of the deceased :
3. Whether the deceased was the primary breadwinner of the family.State the conditions of the bereaved family.
4. Whether the applicant/nominee is related with the deceased.State the relationship.
5. Whether the bereaved family/household belong under the poverty line.

Recommendation :

Date :

Signature of applying person/
Municipal Councillor/Secy/President/
Village Dev.Committee/Panchayat/
Anganwadi Worker.

7. (a) Comments/Observation :

Date :

Signature of the First Recommending
Officer/CDPO concerned.

(b)Comments/Observation :

Date :

Signature of the Sanctioning Authority
/D.C.concerned.

Form F.B.-1

Application Form for Family Benefit Scheme

(To be filled up by the applicant/Nominee)

1. Name of Deceased :
2. Age of Deceased :
3. Full Address :
4. Name of Father/Husband of deceased :
5. Date of Expiry :
6. Cause of Death :-
 - i) Natural
 - ii) Accidental
7. Name of applicant/nominee and address :
8. Relation with the deceased :
9. Income of the Deceased/bereaved family
(Below Rs.10,000/-per annum or more)
10. List of family members of the deceased :
11. Whether there is landed property of
the deceased/bereaved family :
12. No objection certificate from other
family members of the deceased.

List of Documents to be Enclosed:

1. Death Certificate from the Registrar of
Birth and Death/Competent authority.
2. Certificate from the Doctor for the Cause of Death.
3. Certificate from the concerned Municipal Councillor/
Panchayat/Village Authority.
4. SDO/SDC's report of/on :
 - i)List of family members who are dependent on the deceased
(Please indicate Sex and Relationship) .
 - ii)Income Certificate.
5. An affidavit from the Magistrate supporting all the facts.