Annexure-"D"

Application Form For Harischandra Sahayata at Swargadwar, Puri

Information About the Deceased

	ormanom / wout the book					
	1. Name Of the Decease	ed	:-			
	2. Son/Daughter/Wife of		:-			
	3. Date Of Death				:-	
	4. Place of Death		:-			
	5. Cause Of Death		:-			
	6. Age		:-	•		
	7. ID Proof (if any)					
<u>Ad</u>	dress of the Deceased					
<u>Ur</u>	<u>ban</u>					
	1. Ward No :-					
	2. Area Name :-					
	3. Post Office		:-			
	4. Police Station :-					
	5. ULB Name		:-			
	6. District :-					
Ru	<u>ral</u>					
	1. Village :	:-				
	2. Post Office :	-				
	3. Police Station	:-				
	4. Panchayat	:-				

6. District

5. Block Name :-

:-

Information of the Beneficiary	
1. Name of the Recipient	:-
2. Relation with the Deceased	:-
3. Mobile No. Of the Recipient	:-
4. Address	:-
5. ID Proof (if any)	
(Aadhaar card/ Voter ID/D.L)	:-
	<u>Declaration</u>
I, Sri/Smt./Kumari	S/O,D/O,W/Oand do
1. That, no member of our family ow	ns a four-wheeler mechanized vehicle.
2. That, no member of our family is a	a Government Servant.
3. That, no member of our family is in	n receipt of honorarium from Government.
4. That, our family has no joint ROR	of more than 5Crores.
5. That, no member of our family, is	an income-Tax Assessee.
6. That, we have not availed HSY as	ssistance at Panchayat /ULB level for this instant case.
OF 7. Our family is covered under Na Security Scheme-2018 (SFSS).	R tional Food Security Act-2013(NFSA) or State Food
Date	Signature of the Recipient Mobile No

Annexure-"E"

Acknowledgement to the Beneficiary by Swargadwar Seva Samiti, Puri

Application SI No.____

1.	Name	of the	Deceased	Person	:-
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2. Date of Death :-

3. Date of Cremation :-

4. Name of the Beneficiary :-

5. Address :-

Service Type	Amount
Fire wood(From OFDC Depot at Swargadwar)	
Puja Materials From Licensed Shop at Swargadwar	
Fire Man Charges	
Pujari	
Others	
Total	

Date_____ Signature of the Authorized Person
Swargadwar Seva Samiti - Puri

Annexure-"F"

Proforma of the Disbursement Register

Swargadwar Seva Samiti, Puri

YEAR

Application SI. No.	Name & Address of the deceased	Date of Death	Date of Cremation	To whom the HSY assistance paid & Relationship with the deceased	Type of Service Provided		۰۰۰ ۲۰۰۹	Date of reimbursement from HSY portal
					Ty pe	Cost	HSY portal for reimburse ment	
1	2	3	4	5	7	8	9	

Annexure-"G"

Proforma of the Cash Book

Swargadwar Seva Samiti, Puri

FINANCIAL YEA	AR
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	REC	EIPT		EXPENDITURE					
Date of receipt	Particulars of Receipt			Date of Expenditure			Remarks		
1 2		3	4	5	6	7	8		
Openir	Opening Balance								
	Total Receipts				Total Expenditure				
					Closing Balance				
Grand Total					Grand Total				