#### Annexure-"A"

#### **Declaration for Harischandra Sahayata**

I Sri / S,mt / Kumari			, S/o- , D/o , W/o, H/o-
	of	Village	
PO, PS		, Dist-	want to
avail Hasischnmadra Sahayata for c	remation of my	′	(relationship
with the deceased),Late	who	died on dt	
do hereby declare :-			
1. That, no member of our family	owns a four-wl	neeler mecha	nized vehicle.
2. That, no member of our family i	s a Governme	nt Servant.	
3. That, no member of our family is	s in receipt of	honorarium f	rom Government .
4. That, our family has no joint RO	R of more thar	5.00 acres.	
5. That, no member of our family ,	is an Income-	Tax Assesse	e. "
	OR		
Our family is covered und Food Security Scheme-2018 (SFS		ood Security	Act-2013(NFSA) or State
	Sig	nature of the	Recipient
	Mob- N	No	
Witness :- 1.	Co	unter Signatu	re
Witness:- 2.	Sarpa	nch / Chairpe	rson / Mayor

**Encl:- Copy of the Aadhaar Card of the Deceased & the recipient** 

# Annexure-"B"

### **Proforma of the Disbursement Register**

### Name of the G.P / ULB

# **YEAR**

Applicati on SI. No.	Name & Address of the deceased	Date of Death	To whom the HSY assistance paid & Relationshi p with the deceased	Date of Disburse ment with Amount	Name of the source/ Scheme from which the amount borrowed	Date of apply in HSY portal for reimburseme nt to the BDO by G.P /	Remarks
1	2	3	4	5	6	7	

### Annexure-"C"

# **Proforma of the Cash Book**

Name of the G.P / ULB	
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RECEIPT			EXPENDITURE				
Date of receipt	Particulars of Receipt	Amount Received	Remarks	Date of Expenditure	Particulars of Expenditure	Amount Paid	Remarks
1	2	3	4	5	6	7	8
Openir	Opening Balance						
	Total Receipts				Total Expenditure		
					Closing Balance		
	Grand Total				Grand Total		