

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.

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

RESIDENCE CERTIFICATE

(To be signed by Mamlatdar or Gazetted Officer of Govt. of Goa or MLA/MP)

Certified that Shri/Smt/Kum. _____

Age _____ year, son/daughter/wife of Shri _____

residing at House.No. _____ situated at Ward _____ village/Town _____

Taluka _____ Goa, for the last _____ years and _____ month since

This certificate is issued at the request of Shri/Smt./Kum. _____

_____ for producing the same to the office of Directorate of Social Welfare,
Panaji-Goa for availing the scheme "Mukhyamantri Dev Darshan Yatra Yojana" for
SENIOR CITIZENS.

Signature: _____

Name in block letters: _____

Designation: _____

Address
(Official): _____

Telephone No. (Official): _____



Place: _____

Date: _____

Documents to be submitted alongwith the application

1. Income certificate issued by competent authority showing family annual income from all sources for applicant only.
2. Residence Certificate of at least 15 years residence in Goa issued by the concerned Mamlatdar/Gazetted Officer of Govt. of Goa/MLA/MP. For applicant only. (Annexure 'B')
3. Birth Certificate/ proof of age
4. A copy of Aadhar Card
5. A copy of Election Photo Identity Card
6. A copy of Senior Citizen Identity card issued by Directorate of Social Welfare.
7. A Certificate issued by doctor from Health Department, Government of Goa not below the rank of Chief Medical Officer or Health Officer in prescribed format (Annexure-C) for Applicant and Attendant.

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 Directorate of Social Welfare, Panaji and Office of the Deputy Director of Social Welfare, Margao for verification.

ANNEXURE - 'C'

MEDICAL CERTIFICATE FOR APPLICANT

(to be issued by Doctor from Health Department not below the rank of Chief Medical Officer or Health Officer)

This is to Certify that I have examined Shri/Smt..... age..... resident of House No..... ward..... Village/town..... Constituency..... Taluka..... and declare that he/she is not suffering from any Serious ailment, Communicable diseases, Heart diseases etc..

Shri/Smt..... is fit to perform journey/pilgrimage under "Mukhyamantri Dev Darshan Yatra Yojana".

His /Her Aadhar Card no is.....

Photo to be attested
by the Doctor not
below the rank of
CMO/HO.

Name of Doctor:.....

Reg. No.....

Signature of Doctor

Official Rubber Stamp

Date:.....

Place:.....