







**28. Please Provide the Details of the Monthly Expenditure on the Following: (Attach relevant document)**

- a. Electricity Bill : \_\_\_\_\_ e. Kitchen expenditure  
b. Water Bill : \_\_\_\_\_ (including gas+ kerosene) : \_\_\_\_\_  
c. Landline and Mobile Phone Bill: \_\_\_\_\_ f. Ration Expenditure : \_\_\_\_\_  
d. Travelling expenditure g. Property Tax : \_\_\_\_\_  
(Petrol and Maintenance) : \_\_\_\_\_ h. Other Household expenditure : \_\_\_\_\_

29. Whether loan taken :  Yes  No  
If Yes, Monthly installment : Rs. \_\_\_\_\_

**30. Please provide the details of children studying : (Attach School fees Receipt)**

S.No.	Name of the Child	Name of the School/ College	Monthly fees
Total :			

31. Total Monthly Expenditure (18+28+29 +30) : Rs. \_\_\_\_\_

32. Total Monthly Income of family from all sources : Rs. \_\_\_\_\_

**33. Identity Proof of Beneficiary (Please tick one, provide the document No. and attach the same )**

Aadhaar Card  PAN Card  Ration Card with Photograph  
 Voter ID Card  Passport  Driving License  
 Any Govt. recognized document Document No :

**34. Present Address Proof of Beneficiary (Please tick one, provide the document No. and attach the same )**

AADHAR Card  Voter ID Card  Driving License  
 Passport  Ration Card  Electricity Bill DISCOM Name \_\_\_\_\_  
 Water Bill Utility Name \_\_\_\_\_  Gas Bill Comp Name \_\_\_\_\_  
 Telephone Bill Company name \_\_\_\_\_  Any Govt. recognized document  
 Rent Agreement (Registered)  Bank Passbook Document No :

**35. Permanent Address Proof of Beneficiary (Please tick one, provide the document No. and attach the same )**

AADHAR Card  Voter ID Card  Driving License  
 Passport  Ration Card  Electricity Bill DISCOM Name \_\_\_\_\_  
 Water Bill Utility Name \_\_\_\_\_  Gas Bill Comp Name \_\_\_\_\_  
 Telephone Bill Company name \_\_\_\_\_  Any Govt. recognized document  
 Rent Agreement (Registered)  Bank Passbook Document No :

**Declaration:** I hereby solemnly affirm & declare that, all of the above furnished information, is true & correct to the best of my knowledge. I am fully aware that furnishing incorrect or false or forged information will lead to punitive action against me under the relevant statutory provisions.

Date:  DD  MM 20YY

Beneficiary Signature :

Place: \_\_\_\_\_