

**APPLICATION FORM FOR REGISTRATION UNDER THE SCHEME**

(See Para 8(1))

Name of the District	Registration Number (To be filled by GP)							
	B	GP		GS		SN		

[a] Name of the Head of household:

[b] Details of the adult members of the household

Sl. No.	Name	Father's/ husband's name	Age On the date of application	Sex	Disabled (y/n)	Ration card no/ EPIC # (If available)
	*					
	Total					

• Name of the head of the family shall be written in this row

[c] Name of Village:                      Post:                      Mouza:                      Police station

[d] Name of Gram Panchayat

[e] Name of Block

[f] SC/ ST/OBC/General#

[h] IAY beneficiary

[j] LR beneficiary

[k] I / we want to do unskilled manual work and certify that the particulars given above are correct and household be registered

Signature / Thumb impression of other adult members willing to work.
--

Signature / Thumb impression of Head of the household
---

# Strike out whichever is not applicable

-----  
Received the application for registration from Sri/Smt.....  
S/O/W/O.....of village.....  
PO.....On.....(date) and the identity number .....

Signature of GP official receiving the application

For use in Gram Panchayat Office:

Verified the particulars regarding the residence and age furnished in the application form and found correct/  
false (to be specified)

Signature of Gram Panchayat member  
Or GP official

The application is hereby accepted/ rejected  
Ground of rejection: -

Signature of Pradhan or  
Executive Assistant/Secretary

**Application Form for addition / deletion of names in existing Registration under the Scheme  
(See Para 9(3))**

- [a] Name of the  
District

Existing Registration Number							
B	GP	GS	SN				

- [b] Name of the Head of the Family:

- [c] Details of applicant(s) or the person whose name is to be deleted (as the case may be)

Sl. No.	Name	Father's/ husband's name	Age on the date of application	Sex	Disabled (y/n)	Ration card no/ EPIC no (If available)	Reason for addition/deletion

- [c] Name of Village:    Post:    Mouza:    Police Station

- [e] Name of Gram Panchayat:

- [f] Name of Block:

- [g] IAY beneficiary    LR beneficiary

I / we are willing to work and certify that the particulars given above are correct and addition be registered/ Name of the above named registered person(s) may be deleted#.

\_\_\_\_\_  
Signature / Thumb impression of  
other adult members willing to work

\_\_\_\_\_  
Signature / Thumb impression of  
Head of the family/Applicant\*

# Strike out which is not applicable

\* For deletion the application may be made by any member of the family or by any one else with due endorsement of any elected member of the GP from that constituency.

-----✂-----

Received the Application Form from Sri/ Smt.....S/O/W/O.....  
Village ....., PO ..... on ..... (date) entered in the register no .....sl no.....

Signature of Gram Panchayat Official receiving the application

For use in Gram Panchayat Office:

Verified the particular regarding the residence and age furnished in the application form and found correct/false (to be specified)

\_\_\_\_\_  
Signature of Gram Panchayat member or Official

The application is hereby accepted / rejected  
Ground of rejection: -

\_\_\_\_\_  
Signature of Pradhan or Executive Assistant/Secy





**Application form for work**

(See Para 10(1))

To

The BDO/ Programme Officer ..... Block, ..... District.
---

OR

The Pradhan .....GramPanchayat .....Block ..... District.
--

**Sub : Application for work.**

Sir,

I/we the following applicants want to work under this scheme. All the details and the period/periods for which work is required are given below.

Sl. No.	Name	Registration No of the Job card/ Bye number	Period(s) for which employment needed				Signature/ LTI of the Applicant
			From Date	No. of days	From Date	No. of days	

For use of Gram Panchayat

.....  
 .....  
 Received the Application for work from Sri/ Smt..... Registration #  
 .....on ..... (date).....

Signature of Gram Panchayat Official receiving the application

**Information regarding employment allotment**  
(See Para 10(7))

Memo no

Date

To

Shri.....

Sub: Information regarding the allotment of work

With reference to your applications you are provided work in the following schemes/works.

Sl.No.	Name of the applicant	Registration No/ Bye number	Scheme No.	Name of the scheme	Place of reporting	Implementing Agency	Date on which to report for work	Remarks.

Signature of the Gram Panchayat Official

Memo no

Date

Copy forwarded to the Programme Officer.....Block for information and necessary action.

Signature of the Gram Panchayat Official