

Form - B

(form to be filled in block letters)

Name	:	(Beneficiary)
Department	:	
Category	:	
Age	:	
Sex	:	
GP/Ward	:	
Village	:	
Cast	:	
Minority	:	
RSBY Type	:	
Postal Address	:	
Office Address along with Designation	:	
Aadhar No (if available)	:	
Mobile No	:	
Khadyasathi ID or SECC ID	:	

I do solemnly declare that the particulars given above and in form – B are true and correct.

Signature in full