		Benefit to Artisans/ Weaver	<i>(10)</i>
A. Personal Details of Dec	eased Artisan / Weaver:		
	Weaver Traditional Crafts		
Aadhaar No.:*			
	Others (Tick on app		
Date of Death (as per Death C	Certificate issued by competent Au	ıthority) :*	
_	(Epic):*	_	
Address:*			
		on: *	
	Municipality Corporation		
Block/ Municipality/ Corporal	non Name:*	Pin Code:*	
	Post Office:*	Pin Code:*	<del></del>
Craft/ Trade Details:			
= -		(Refer Annexure-1 for Trad	e Category)
	ry is selected as <b>Others</b> ):		_
B. Personal Details of Clai		T on A	T cm A
Details	Claimant 1	Claimant 2	Claimant 3
# Name of Claimant*			
Contact No.*			
Relationship with Deceased	d*		
Address of Claimant	·		
Address*			
District*			
Sub Division*			
Block / Municipality /	B/ M / C	B/ M/ C	B/ M/ C
Corporation Name*			
Police Station*			
Post Office*			
Pin Code*			
Bank Details of Claimant	·		
Bank Name*			
Account No.*			
IFSC*			
# (In case of more than 3 ap)	plicants, details of others are to	be annexed in a separate sheet	in the same format as above)
C. Supporting Document of	of Deceased:	-	·
Artisan's Enlistment no.		ath Certificate*	
_		ple applicants, Documents of each	applicant are to be submitted)
	petent Authority*  Photocop		approant are to be submitted)
Declaration –			
I / We being the eligible kin(s) of		e, do hereby apply for the ex-gratia unssistance from any Govt Central/St	
All information provided in this a	application are true to the best of my	our knowledge & belief.	
* Star-marked fields are mandatory			Full Signature of Claimant