VHK/OTHER/17

Department of Social Welfare
(Financial Assistance Section)
GNCT of Delhi
GLNS Complex, Delhi Gate
New Delhi-110002

Format for physical verification by Welfare Officers/Probation Officers

This is to Certify that I have seen the beneficiary of OAP/DP:

Name.....

Address

Aadhar number .....

Mobile number .....

Account number .....

1. He/she is alive on ..... (date) and lives at the above mentioned address.

2. a) He/She was not found staying at the address/shifted .....
   b) If shifted, whether new address available.
   If yes please provide new address. .....

3. Was reported date of death by:

   (a) Family Member
   (b) Neighbour
   (c) Death certificate attached/not provided

4. If PwD (Disabled) beneficiary, disability certificate attached/ not provided

Signature/Thumb Impression
Of the beneficiary of OAP/DP

Verified by

Name -

Designation-

Office -

Mobile Number-

Signature

Date