



## **BABBOORKAMME SEVA SAMITHI®**

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**LATEST  
PHOTO OF  
APPLICANT.**

**Estd 1934**

### **APPLICATION FORM FOR FINANCIAL HELP TO WIDOWS, DIVORCED WOMEN, AND UNMARRIED WOMEN.**

1. Name of the Applicant and Educational Qualification.		
2. Age and Date of Birth.		
3. The Applicant is [Tick appropriately] a) Widow. <input type="checkbox"/> b) Divorced woman. <input type="checkbox"/> c) Unmarried woman, above the age of 45 years only. <input type="checkbox"/>	Membership number at B.K.S.S. Bangalore :	Aadhar number :
4. a) Name of Applicant's Father. b) Does he belong to Babboorkamme or Thrimathasta Brahmin?		
5. a) Name of late Husband / Divorced husband. b) Does he belong to Babboorkamme or Thrimathasta Brahmin?		
6. Date of husband's death, [In respect of widow applicant] [Copy of Death certificate to be attached.]		
7. Late Husbands Employment and the present family pension. (If any)		
8. Date of Divorce [In respect of Divorcee applicant] (Proof of Divorce and copy of Judgment portion on compensation to be attached).		

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<p>9. Membership Number of the following at Babboorkamme Seva Samithi Bangalore, if he is are was a Babboorkamme.</p> <p>a) Applicant's Father.....</p> <p>b) Applicant's late Husband.....</p> <p>c) Applicant's Divorced Husband.....</p> <p>d) Applicant.....</p>	<p>A. Membership number.</p>	<p>B. Aadhar number.</p>
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<p>10. If the applicant is employed,</p> <p>a) Where Employed.</p> <p>b) Salary per month.</p>		
<p>11. Number of Children. (If applicable)</p>	<p>A). Sons.....</p> <p>B). Daughters.....</p>	
<p>12. Details of children. (If any)</p> <p>a) Name and age.</p> <p>b) Studying in.</p> <p>c) Employment.</p>	<p>A . Sons.....</p>	<p>B . Daughters.....</p>
<p>13. Contact Number and address of Applicant.</p>		
<p>14. Bank details of the applicant :-</p> <p>a) Name of the applicant as in the bank account.</p> <p>b) Name of the Bank &amp; Branch.</p> <p>c) Address and IFSC code of the Bank.</p> <p>d) Bank account Number.</p>		

NOTE :- IF THE ENCLOSURES ARE NOT APPLICABLE PLEASE SAY "NOT APPLICABLE"

ENCLOSURES:- 1. Two copies of passport size photographs of Applicant.

2. Copy of Aadhar card of applicant.

3. Educational qualification of applicant.

4. Death certificate of late husband.

5. Family pension (If any).

6. Proof of Divorce and compensation received.

7. Salary per month, If employed.

8. Proof of children's education.

9. Recommendation signed by a member of BKSS, Bangalore. [In the enclosed format]

Date :- .....

Place :- .....

Name & Signature of the Applicant

[Name Should be in Capital letters]

### **TERMS AND CONDITIONS.**

1. Applicant should be a member of Babboorkamme Seva Samithi at Bangalore, to get this Financial Assistance.
2. If the applicant is not a member, she can become a member, Provided, she satisfies condition A or B or C below-
  - a) Applicant's father should belong to Babboorkamme Community and Applicant's Late Husband or Divorced husband could be a Babboorkamme or Thrimathasta Brahmin.  
**Or**
  - b) If applicant's father is not a Babboorkamme, But belong to Thrimathasta then Applicant's Late Husband or Divorced husband should be from Babboorkamme Community only.  
**Or**
  - c) For unmarried women [Above 45 years only are eligible], Applicant's father should belong to Babboorkamme.

3. The applicant is eligible for this Financial Assistance:
  - a) If she is not getting family pension.
  - b) If she is getting a very low income from employment.
  - c) If she is not getting income from any other source or Financial help from / Daughters / relatives.
4. The amount of Financial Assistance will be Rs. 3,000/- p.m. but may change.
5. Applicant's applying for Financial assistance in this category are not eligible to apply in "Old Age pension" category.

**RECOMMENDATION BY A MEMBER OF  
BABBOORKAMME SEVA SAMITHI AT BANGALORE.**

I am a member of BKSS at Bangalore and my membership No is..... I Know ..... since ..... years I certify that the information given by her are true to the best of my belief & knowledge. She is a deserving Candidate to receive help under "Financial Help to Destitute women" by Babboorkamme Seva Samithi, Bangalore.

**Place:** .....

**Date:** .....

**Signature**

**(Name in Block Letters)**

**FOR OFFICE USE ONLY**

1. Applicant is recommended for the Financial assistance.

Date:-.....

Signature of Convener  
Finance Sub committee

2. Approved / not Approved, in the MC meeting held on .....

Date...../...../.....

**SECRETARY**