

Monthly/ Quarterly Progress Report *

1. Opening balance under NSAP as on 1 st April (in lakh)	
2. Funds released for NSAP, upto month of reporting (in lakh)	
3. Total available funds	

Item	Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	Indira Gandhi National Widow Pension Scheme (IGNWPS)	Indira Gandhi National Disability Pension Scheme (IGDNDPS)	National Family Benefit Scheme (NFBS)	Annapurna
1. Total Funds Utilized (in lakh)					
2. Mode of Disbursement (in numbers)					
a. Bank Account					
b. Post Office Account					
c. Money Order					
d. Cash					
3.Total number beneficiaries					

*Reports for every Quarter (June, September, December, March) should come in the same format with cumulative figures.

*State to ensure that similar reports are received monthly from districts and Municipalities.

*Release for next quarter will be based on figures reported in Quarterly Progress Report/Monthly Progress Reports (MPRs)

Signature of Designated Officer

Name

Designation.....

Seal.....

Certificate of Coverage
(To be submitted by 15th December)

Government of

Year_____

INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME (IGNOAPS)

This is to certify that_____ (number) persons eligible and belonging to Below Poverty Line (BPL) household both in rural and urban areas have been covered under IGNOAPS and are receiving the pension.

It is also confirmed that for the purpose of identifying new eligible beneficiaries under IGNOAPS, the Guidelines of NSAP, have been followed.

(Signature)
Secretary of Nodal Department for NSAP

or

Officer designated.

Date.....

Seal

Certificate of Coverage
(To be submitted by 15th December)

Government of

Year_____

INDIRA GANDHI NATIONAL WIDOW PENSION SCHEME (IGNWPS)

This is to certify that_____ (number) persons eligible and belonging to Below Poverty Line (BPL) household both in rural and urban areas have been covered under IGNWPS and are receiving the pension.

It is also confirmed that for the purpose of identifying new eligible beneficiaries under IGNWPS, the Guidelines of NSAP, have been followed.

(Signature)
Secretary of Nodal Department for NSAP

or

Officer designated.

Date.....

Seal

Certificate of Coverage
(To be submitted by 15th December)

Government of

Year_____

INDIRA GANDHI NATIONAL DISABILITY PENSION SCHEME (IGNDPS)

This is to certify that_____ (number) persons eligible and belonging to Below Poverty Line (BPL) household both in rural and urban areas have been covered under IGNDPS and are receiving the pension.

It is also confirmed that for the purpose of identifying new eligible beneficiaries under IGNDPS, the Guidelines of NSAP, have been followed.

(Signature)
Secretary of Nodal Department for NSAP

or

Officer designated.

Date.....

Seal

Certificate of Coverage
(To be submitted by 15th December)

Government of

Year _____

NATIONAL FAMILY BENEFIT SCHEME (NFBS)

This is to certify that _____ (number) persons eligible and belonging to Below Poverty Line (BPL) household both in rural and urban areas have been covered under NFBS and received the onetime benefit.

It is also confirmed that for the purpose of deciding eligibility under NFBS, the Guidelines of NSAP, have been followed.

(Signature)
Secretary of Nodal Department for NSAP

or

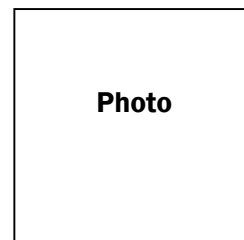
Officer designated.

Date.....

Seal

**MODEL APPLICATION FORM FOR NATIONAL SOCIAL ASSISTANCE
PROGRAMME (NSAP)**

Pension Scheme: IGNOAPS IGNWPS IGNDPS



Name of Pensioner : _____

Father's/Mother's Name
Or
Husband's/Wife's Name : _____

Gender (Male/Female) : _____

Date of Birth _____/_____/_____
or
(Proof of Birth) _____

Category : _____
(SC/ST/OBC/Minority/Gen.)

Address : _____

Village/locality: _____

GramPanchayat:/Ward: _____

Sub District/Block : _____

District : _____

State : _____ PIN _____

Aadhar no.: _____ Ration Card no.: _____

Electoral Photo Identity Card (EPIC) no. _____

BPL Detail: Year:_____ Location:_____ Family ID no.:_____

Member ID no.:_____

In case of Disability Pension- Type of Disability_____
 (As indicated in certificate)

Details of Bank/ Post Office Account of Pensioner: _____
 (if available)

Signature of the Applicant/Thumb Impression

Counter Signature
 of Verification Officer _____

Name_____

Designation_____

MODEL APPLICATION FORM FOR BENEFIT UNDER NFBS

A. Details of Deceased

Name : _____ S/o _____
Gender (Male/Female) : _____ Age at the Time of Death: _____
Address:: _____
Village: _____
Gram Panchayat:/Ward/locality : _____
Sub District/Block : _____
District : _____
State : _____ PIN _____

BPL Details

Year: _____ Location: _____ Family ID No.: _____
Member ID No.: _____

B. Details of the Family Member to be provided Assistance

Name : _____ S/o _____
Gender (Male/Female) : _____ Date of Birth(with proof): _____
Address:: _____
Village: _____
Gram Panchayat:/Ward/locality : _____
Sub District/Block : _____
District : _____
State : _____ PIN _____

BPL Details

Year: _____ Location: _____ Family ID No.: _____
Member ID No.: _____

Signature of the Applicant/Thumb Impression

Counter Signature
Of Verification Officer _____

Name _____

Designation _____

NATIONAL SOCIAL ASSISTANCE PROGRAMME(NSAP)

MODEL SANCTION ORDER

IGNOAPS / IGNWPS / IGNDPS*

Sanction Order no. _____ Date ____/____/____

Until further notice on the expiry of every month be pleased to pay
Shri/Smt/Ms. _____ Father's/Husband's
name _____, Age _____ Gram
Panchayat / Ward / Municipality _____ Sub
District _____ Area _____ District _____,
State _____, at the rate of Rs. _____ per month from _____.
Pension Disbursement Authority (PDA) _____, _____.

Signature & Seal of

Sanctioning Authority _____

***Strike off which is not applicable**

NATIONAL SOCIAL ASSISTANCE PROGRAMME(NSAP)

MODEL SANCTION ORDER

NATIONAL FAMILY BENEFIT SCHEME (NFBS)

Sanction Order no. _____ Date ____/____/____

Please pay (Name of the Applicant)_____

Father's / Husband's name_____Rs._____, under National

Family Benefit Scheme on account of death of (Name of deceased person)_____

Age (of deceased person)_____ Gram Panchayat/ Ward/Municipality

_____Sub District_____ District _____,

State_____.

Signature & Seal of

Sanctioning Authority _____

***Strike off which is not applicable**

NATIONAL SOCIAL ASSISTANCE PROGRAMME (NSAP)

Pensioner's Pass Book-Model

IGNOAPS / IGNWPS / IGNDPS

Name of Pensioner _____,

S/o / W/o _____

Address _____

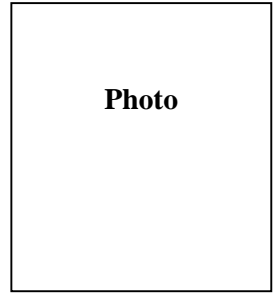
Village / Ward _____

Gram Panchayat / Municipality _____

Sub District/Block _____ District _____

State _____

Sanction Order no. _____ **Date** _____



Name of Pensioner : _____

Father's /Husband's Name : _____

Date of Birth _____ / _____ / _____ or Proof of Birth _____

Category : _____ Gender (Male/Female) : _____
(SC/ST/OBC/Minority/Gen.)

In case of Disability Pension, Type of Disability _____
(As specified in disability certificate)

Mode of Disbursement: Bank / Post Office Account / M.O. / Cash

Aadhaar No.: _____.

Electoral Photo Identity Card (EPIC) No.: _____

Ration Card No.:(if available) _____

BPL Details

Year: _____ Location: _____ Family ID No.: _____

Member ID No.: _____

NATIONAL SOCIAL ASSISTANCE PROGRAMME
PROFORMA FOR RELEASE OF SECOND INSTALMENT

1. Year: _____
2. Name of State/UT : _____

3. Central Allocation for the current year: _____ (Rs in lakh)
4. Funds received as First Installment: _____ (Rs. in lakh)
5. Funds carried over from previous year: _____(Rs. in lakh)
6. Total Available Funds: _____(Rs. in lakh)
7. Total funds utilized _____(Rs. in lakh)
8. Percentage of utilization _____
9. Utilization Certificate for the previous year to be enclosed in proforma (Annexe VIII).
10. It is certified that:
 - (i) The Audit report of the previous financial year has been received from all implementing agencies which has been examined and found to be in order.
 - (ii) No major irregularities such as embezzlement, diversion of funds etc., have been noticed in the audit report for the previous year in respect of any implementing agency under National Social Assistance Programme;
 - (iii) The funds have been transferred to the beneficiaries as per provisions of the guidelines.
 - (iv) All conditions laid down in the NSAP guidelines are being fulfilled while implementing the scheme.
 - (v) 3 % expenditure has been incurred on permissible items with in the approved ceiling.

Signature of the Designated Officer _____

Name: _____

Designation: _____

UTILISATION CERTIFICATE

(NATIONAL SOCIAL ASSISTANCE PROGRAMME)

Name of the State/UT _____

Utilization Certificate for the year _____

- (a) Unspent balance from previous year _____
- (b) Total grants received during the year _____
- (c) Miscellaneous receipts of the State, if any under NSAP & Annapurna _____
- (d) Total funds available _____ (Rs. in lakh)

Certificate that a sum of Rs. _____ lakh was received by the State of _____ as Central Assistance during _____ from Government of India (Ministry of Rural Development) under National Social Assistance Programme including Annapurna Scheme. Further a sum of Rs. _____ (Rs. _____ only) being unspent balance of the previous year _____ was allowed to be brought forward for utilization during the current year _____. The miscellaneous receipts of the State/UTs during the year were Rs. _____ lakh.

2. It is also certified that out of the total available funds of Rs. _____ (Rupees _____) Sum of Rs. _____ (Rupees _____) has been utilized by State/UTs for the purpose for which it was sanctioned which includes an amount of Rs. _____ towards Administrative charges.

It is further certified that the unspent balance of Rs. _____(Rupees _____) remaining at the end of the year will be utilized for the programme next year / remaining part of the year.

3. Certified that I have satisfied myself that the conditions on which grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the reasonable checks to see that the money has been actually utilized for the purpose for which it was sanctioned.

Dated _____

Signature:_____

Name:_____

Designation & Seal of Nodal Secretary_____