EDUCATION (SOCIAL WELFARE & SOCIAL EDUCATION) DEPARTMENT AGARTALA: TRIPURA

No.F.3 (63)/DSWE/PEN.CELL/2011(L)

3 (231)
Dated, Agartala, the 12 May, 2016.

NOTIFICATION

The Governor, Tripura is pleased to hereby introduce a Pension Scheme for Cancer Patients with immediate effect. The details of the scheme are as follows:-

1. Name of the Scheme: Pension Scheme for Cancer Patients.

2. Eligibility Criteria for Beneficiaries:

The applicant must be a resident of Tripura,

ii) Annual income of the person should not exceed Rs. One Lakh Fifty Thousand Rupees (Rs.1,50,000/-) per annum, and

- No member of the family of the person should be in Government service. ('Family' for this purpose would mean father, mother, son (s) or unmarried daughter(s), as the case may be).
- 3. Pate of Pension: Rs. 600/- per month per beneficiary.

4. Method of selection of Beneficiaries:

Applications would be invited in the prescribed form (at Annexure to this notification) from the eligible persons by giving wide publicity through print and electronic media. Application should be submitted to the office of the Child Development Project Officer (CDPO) of the concerned area, along with requisite documents mentioned in the above form.

5. Sanctioning Authority:

The CDPOs will sanction the pension to the eligible persons with prior approval of the Government.

6. Evaluation and Monitoring:

The Department would monitor the progress of payment of selected Beneficiaries in each month and submit a report to the govt, in each month.

7. Others:-

The Govt. may make any change in the scheme as and when required.

By order of the Governor.

Additional Secretary to the Government of Tripura

Copy to:-

1 The Principal Secretary to the Object to
The Principal Secretary to the Chief Minister, Govt. of Tripura. P.S. to all Ministers
Ministers. for information of the Hon'ble
3. P.S. to Chief Secretary, Govt. of Tripura.
4. The Principal Secretary/ Secretary/Spl. Secretary
5 The DM & Collector (All)
The CEO, TTAADC, Khumulung.
Department, Govt. of Inpura
Agartaia.
The state of the s
10 The CDPOs
and compliance. They are requested to receive the appli ation forms from
eligible applicants along with required documents and arrange for enquiry
regarding eligibility of the benefit and send a consolidated proposal to the
Directorate (Pension Cell) in the enclosed format along with their
recommendations in hard. & soft copy to dswe_agt@yahoo.com. CDPC s. all
continue to accept new applications round the year and inform the Directorate if any existing beneficiary becomes ineligible or expires.
1. The ZDOs/ BDO (all)
12 All Nagar Panchayat /AMC
13 Zilla Parishad (all)
(4 Panchayat Samily (all).
15 The Manager Tripura Govt Press Bardwali Agatala with request to an arrays
for publication of the Notification under reference in the next issue of Tripura
Gazette and send 25(Twenty five) copies of the same to the Directorate of Education (Social Education and Social Welfare).
16 All Branch Officer / Sections, Directorate of Social Welfare and Social
Education.

Additional Secretary to the Government of Tripura

APPLICATION FORM

Pension Scheme for Cancer Patients

1 Particulars of the Applicant:

- Name:
- ii) Father's / Husband's Name
- Address for communication with contact No. :
 - a) (i) Para (ii) Name of Nearest AWC:
 - b) GP/ADC/NP/AMC Ward:
 - c) Block
 - d) Sub-Division:
 - e) District:
- iv) Contact (Mobile No.):
- iv) Date of Birth ;
- v) Nationality:
- x) Bank Account No.

Name of the Bank

Branch of Bank

(I) Aadhaar Card No:

- Annual income (income certificate from DCM / SDM to be enclosed) :
- (iii) Certificate from a Gazetted Govt, officer that no person in his/her family is a Govt, servant:
- Medical certificate that the person is a cancer patient form Regional Cancer Center, Agartala or a Govt. hospital or any recognised hospital.
- Proof of Residence (any one like ration card, PRTC, Voter ID, Driving License, Passport etc.)
- 2 If he / she is availing any other social Central or State pension. If yes, which pension
- 2 The above furnished information is true to the best of my knowledge and belief.

Date:

Place .

Signature of the Applicant

Photo