महाराष्ट्र शासन राजपत्र असाधारण भाग चार23 जून ,अ-, 2010/आषाढ २ शके 1932 Form A

The Maintenance and Welfare of Parents and Senior Citizens' Act,

		cant for Maintenance	
Name of Applicant:			
	rst	Middle Name	Last
Address:			
- City	Chaha		in Code
City:			in Code
Age:			lationality
Last Occupation / Profession	n last held by app	olicant:	
Last salary earned:			
Full Name of Respondent:			
Address of Respondent:			
Relationship with applicant	: <u> </u>		
Occupation of Respondent:			
Projected /Estimated incon	ne of the Respond	lent:	
Number of Dependents rel	ying on the incom	e of the respondent: _	
Details of All Children of ap	plicant:		
Detail of Spouse:		Deceased	/Separated/Residing with applicant
Medical aliments (if any):			
Details of Property Owned:			
Total Gross Income form th	e Property Owne	d: Rs	
Whether abandoned or not	(with Details):		
Whether any Property was	transferred:	Yes / No	
If yes, details of the same:			

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Declaration: I do hereby, state on solemn affirmation that I am unable to support myself out of my own income, savings and assets and therefore require maintenance and support from the respondent, subject to the conditions mentioned herein:

I am not receiving any maintenance from any other sources.

I state that there are no proceedings before this tribunal in respect of this matter, nor any case pending before any Magistrate filed under sec. 125 of the Code of Criminal Procedure, 1973.

I state that the above information is true to the best of my knowledge and belief.

AT		DAY OF	IN THE YEAR,
			Signature of Applicant
Acknowledgement Red	ceipt	No.	
Shri/Smt.			
Full Address:			
Your Application No	of	is received by T	HE MAINTENANCE TRIBUNAL FOR
PARENTS AND SENIOR CITI	ZENS.		
			ference is