

**APPLICATION FORM FOR THE GRANT OF FINANCIAL
ASSISTANCE TO THE DISABLED/PARAPLAGIC AND DESTITUTE EX-
SERVICEMEN/WIDOWS/DEPENDENTS.**

1. Name of the applicant :
2. Army No. Rank and Name :.....
(Husband/Dependents particulars :.....
in the case of widow/dependent)
3. Unit/Regiment :
4. Date of Enrolment :
5. Date of Discharge :
6. Date of Birth :
7. Date of Death of Husband in case :
of widows.
8. Percentage of disability :
(If any)
9. Rate of monthly pension :
10. Purpose for which the assistance :
is required.
11. Amount required :
12. Amount of Financial assistance already :
Received from other sources (if any)
13. Annual income from the following: -
(a) Landed Property :
- (b) Pension :
- (c) From any other sources :
- (d) Total :

(To be verified by the Patwari)

14. Detail of family members, their age and profession: -

S. No.	Name	Relationship with applicant	Age	Profession	Income

15. Permanent residential Address: -

VillagePost Office

Tehsil District(HP).

I hereby certify that the information given above is correct to the best of my knowledge and belief. I also certify that I, concealed no information.

Signature/Thumb Impression
of the applicant.

VERIFICATION BY THE WELFARE ORGANISER

15. Brief history of the case: -

I hereby certify that the particulars furnished by the above-mentioned applicant have been verified by me from his/her discharge certificate, pension book and found correct.

Signature of the
Welfare Organiser

RECOMMENDATION BY THE DEPUTY DIRECTOR SAINIK WELFARE

Recommended /Not recommended

Place:

Dated:

SANCTION BY THE DIRECTOR SAINIK WELFARE DEPARTMENT

Sanctioned/Not sanctioned

Place: Hamirpur-177 001

Dated:

Director
Sainik Welfare, HP