## PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: HOUSE REPAIR GRANT (Only for ESM/Widows/100% Disabled ESM/Orphan Daughter upto Havildar rank)

## PERSONAL APPLICATION

	ecretary riya Saini	k Board																						
1. house	I am _ repair gr	ant out of I	RMDF	7.						an	on-p	ens	ione	er ES	SM/V	Vido	ow/C	Orph	an o	f ES	SM.	I req	uest	for
<u>Parti</u>	culars o	f ESM																						
2.	Name										_					_								
3.	Service No.								Rank															
4.	Presen	t Address:			1				1	I					I							_		
5.	Dates	(dd/mm/yy)					_																	
	Enroln	nent					]	Disc	harg	ge _							De	eath						
																			(St	rike o	out if	not A	Applio	cable
6.		ns for disclassischarge Cert		:																				
	(As III D	ischarge Cert	incate)																					
7.	Character at the time of discharge: Exemplary/Very Good/Good/Fair/Bad (Strike out whichever is not applicable)																							
8.	Dependents of ESM:								Son/Daughter d)															
	a) Wife:							e) f)																
	b) Mother:																							
	c) Fa	ther:												g)_										
9.	Cause	of damag	ge																					
10.	Additi	onal Infor	matio	n if a	any	(inc	lud	ing	Мо	bile	No	)												_
<u>Fina</u>	ncial Co	ndition R	eport	·																				_
11.	(a) Pension (Basic pm for pensioners)											Rs.												
	(b)	(b) Monthly income for non-pensioners:											Rs.											

12.	If re-employed, income there from:		Rs.
13.	Details of Financial Assistance receiv (Name of grant	-	
<u>Ba</u>	nk Details		
14.	Name of the Bank :		
15.	IFSC Code of Bank:-		
16.	Account No.:		
<u>De</u>	<u>claration</u>		
17. 18. Go	I understand that this is a grant only a I am neither in receipt and nor de vt/Central Govt scheme.		mounts requested for.  n/financial assistance under any State
19. cor	I hereby declare that the information rect to the best of my knowledge	on furnished in personal applica	ntion cum financial condition report is
	Name & Relationship	(Signature/Thumb in	mpression of the applicant)
	RECOMM	ENDATIONS BY ZSW OFF	TCER
20. (Ph	Following original documents of E otocopies attested by ZSWO are attached):	•	personally checked by ZSW Officer
	a) Complete Discharge Certifica	ate/book.	
	b) Owner Certificate.		
	c) Certificate from State Govt re	egarding cause of damage and esti	imate cost.
	d) Notification issued by Centra	l/State Govt declaring that the dat	mage is due to natural calamity.
	e) 100% Disability Certificate (	for 100% Disabled ESM).	
	f) Death certificate of parents (f	or orphan daughter).	
21. sou	It is certified that the applicant has no rce.	t been provided any financial assi	istance from the State Govt or any other
22. Her	I hereby declare that the information nce, case is <b>recommended.</b>	furnished above is correct as per	the original documents of the applicant.
	Date :		Signature :
	Office Seal :		Designation:
	RECOMME	NDATIONS BY SECRETARY	, RSB
20. Her	I hereby declare that the information ace, case is <b>recommended.</b>	furnished above is correct as per	the original documents of the applicant.
	Date :		Signature :
	Office Seal :		Designation: