

**APPLICATION FOR ALLOTMENT OF SEWING/EMBROIDERY MACHINE**

D-18

To, The Director,  
Directorate of Sainik Welfare, Assam  
Sainik Bhawan, House No- 74  
P.O. Lachit Nagar , Guwahati - 7

(Through The Zila Sainik Welfare Officer)

**1. Particulars of the Applicant :-**

- (a) Name : \_\_\_\_\_
- (b) Category : Widow/Unmarried Orphan Daughter
- (c) Dt of birth/age : \_\_\_\_\_
- (d) Present occupation : Employed/Unemployed
- (e) If employed, give details : \_\_\_\_\_
- (e) Widow/dependent Identity Card No : \_\_\_\_\_

**2. Financial Condition:-**

- (a) Monthly Pension (Basic + DA) : \_\_\_\_\_
- (b) Annual income including other sources : \_\_\_\_\_

**2. Particulars of Husband/Father :-**

- (a) No : \_\_\_\_\_
- (b) Rank : \_\_\_\_\_
- (c) Name : \_\_\_\_\_
- (d) Dates of :-
  - (i) Enrolment : \_\_\_\_\_
  - (ii) Discharge : \_\_\_\_\_
  - (iii) Death : \_\_\_\_\_

**3. Present Address :-**

Vill. \_\_\_\_\_ P.O. \_\_\_\_\_  
P.S. \_\_\_\_\_ Distt. \_\_\_\_\_  
State : \_\_\_\_\_ PIN \_\_\_\_\_

4. Contact Number : \_\_\_\_\_

**5. Copies of the following documents are enclosed:-**

- (a) Widow/Dependent Identity Card
- (b) Discharge Certificate / 1<sup>st</sup> Page & Family Details of the Discharge Book.
- (c) PPO, if available
- (d) Certificate for Embroidery Machine.

6. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

Date :

\_\_\_\_\_  
(Signature of the applicant)

**RECOMMENDATIONS BY ZSWO**

I hereby certify that the information furnished above has been checked and found correct.

Recommended/ Not Recommended.

Date :  
Station :

\_\_\_\_\_  
Signature of ZSWO