

100% BLIND/DISABLED, ESM/ WIDOWS OF ALL RANKS)

D-9

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT :  
MONTHLY MAINTANCE GRANT

(Only for attendant allowance to 100% blind ESM and  
blind widows of ESM All Ranks)

PERSONAL APPLICATION

The Director  
Directorate, Sainik Welfare, Assam, Guwahati

1. I am \_\_\_\_\_ a  
ESM/Widows (Pensioner/Non Pensioner). I request for Monthly Maintance  
Grant out of AFFDF.

Particulars of ESM

2. Name \_\_\_\_\_
3. Service No and Rank- \_\_\_\_\_
4. Present Address- \_\_\_\_\_  
\_\_\_\_\_
5. Tele/Mobile No \_\_\_\_\_
6. Dates of :-  
Birth \_\_\_\_\_ Enrolment \_\_\_\_\_ Discharge \_\_\_\_\_
7. Reasons for discharge \_\_\_\_\_
8. Character at the time of discharge \_\_\_\_\_
9. Percentage(%) of disability \_\_\_\_\_
10. Details of the Family:-

Name	Relationship	Age

11. Name of Bank and Account No \_\_\_\_\_  
(Photo copy of Bank Pass Book, the page having account No  
and address ) must be enclosed.
12. Additional Information if any \_\_\_\_\_

Declaration.

13. I understand that this is a Financial Assistance from Armed Forces Flag Day Fund, Assam only and I have no legal right on the amount requested for. I am entitled to only one grant out of Armed Forces Flag Day Fund.

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

15. I understand and accept that incomplete form would be rejected and I will not hold the authority responsible for such rejection.

(Signature of the applicant)

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RECOMMENDATIONS BY ZSB/RSB

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16. Following original documents of ESM/Widow have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached:-

- (a) Copy of PPO issued by the PCDA under which the pension is sanctioned duly attested.
- (b) A certificate in original from the nearest Military Hospital showing the element of disability.
- (c) Copy of Identity Card duly attested
- (d) Copy of discharge book of ESM duly attested
- (e) Telephone/Mobile Number if any, with complete address for correspondence.

17. I hereby declare that the information furnished above is correct as per the original documents of the applicant. Hence, case is

"Recommended"

Date :

(Signature of ZSW)

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RECOMMENDATIONS/SANCTIONED BY SECRETARY, RSB

18. I hereby declare that the information furnished above is correct as per the original documents of the applicant. Hence, case is

"Sanctioned"

Date :

(Signature of RSB)