

D-8

DISABLED WW II VETERAN
PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: PENURY GRANT

(Non Pensioner) for 100% disabled WW II Veteran/80-100% disabled widow of a WW II veteran and widowed mother above 70 yrs of age of an unmarried casualty)

PERSONAL APPLICATION

The Director
Directorate , Sainik Welfare, Assam, Guwahati

1. I am _____ a ESM (Pensioner/Non Pensioner). I request for Penury grant out of AFFDF, Assam.

Particulars of ESM

- 2. Name _____
- 3. Service No and Rank- _____
- 4. Present Address- _____
- 5. ESM Dates of :-
Birth _____ Enrolment _____ Discharge _____
- 6. Widows/Widowed mothers Date of Birth _____
(Age proof certificate must be enclosed)
- 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. Tele/Mobile No _____

13. Additional Information if any _____

14. (a) If re-employed, income there from Rs _____
 (b) Annual income from other sources Rs _____
 (Such as land, rented houses, others)

Declaration.

15. I understand that this is Financial Assistance for Penury Grant out of Armed Forces Flag Day Fund, Assam. I have no legal right on the amount requested for.

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

17. 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)

 RECOMMENDATIONS BY ZSB/RSB

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

- (a) ESM/Widow/Dependent Identity Card.
- (b) Complete Discharge Certificate/Book
- (c) Age Proof certificate of applicant.
- (d) A certificate obtain from local Gaon Burah.
- (e) Disability certificate issued by Military Hospital.
- (f) Death certificate of the ESM,

19. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

20. 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)

 RECOMMENDATIONS/SANCTIONED BY SECRETARY, RSB

21. 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)