

D-15

HOUSE REPAIR GRANT

PERSONAL APPLICATION CUM FIN CONDITION REPORT

(The Widows of ESM(Sep/Non Pensioner only)/Orphan daughter of Hav or eqiv rank of ESM and disabled Ex-Servicemen up to the rank Hav)

PERSONAL APPLICATION

The Director  
Directorate of Sainik Welfare, Assam, Guwahati

I am \_\_\_\_\_ an ESM/Widow (Pensioner/Non Pensioner).I request for House Repair grant out of Armed Forced Flag Day Fund, Assam.

Particulars of ESM/Widow :-

1. Name - \_\_\_\_\_
2. Service No and Rank- \_\_\_\_\_
3. ESM Dates of :- Birth \_\_\_\_\_ Enrolment \_\_\_\_\_  
Discharge \_\_\_\_\_ Death \_\_\_\_\_
4. Reasons for discharge \_\_\_\_\_
5. Nature of disabled and percentage of \_\_\_\_\_
6. Present Address- \_\_\_\_\_  
\_\_\_\_\_
7. Date of Damage/Broken \_\_\_\_\_
8. Brief details of damage/broken \_\_\_\_\_  
\_\_\_\_\_
9. Name of Bank and Account No \_\_\_\_\_  
(Photo copy of Bank Pass Book, the page having account No and address )  
must be enclosed.
10. Telephone/Mobile No \_\_\_\_\_
11. Details of the Family:-

Name	Relationship	Age

12. Additional information if any \_\_\_\_\_
13. (a) If re-employed, income there from Rs \_\_\_\_\_  
 (b) Annual income from other sources Rs \_\_\_\_\_  
 (Such as land, rented houses, others)
14. Details of Financial Assistance received in past from KSB/RSB/ZSB (Name of grant \_\_\_\_\_ Amount \_\_\_\_\_ Yr \_\_\_\_\_)  
Declaration.
15. I understand that this is Financial Assistance for House Repair 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/Widows/condition of the property 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) A certificate obtain from local Gaon Burah.
  - (d) Condition of the property for which financial assistance Sought.
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. It is also certified that I have physically checked the condition of the said property and I confirm that the property requires maintenance. 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 "Recommended"

Date :

(Signature of RSB)