

D-12

MEDICAL AFTER CARE GRANT TO CANCER PATIENT FOR ONE YEAR
PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT:
MEDICAL AFTER CARE GRANT

(Only Cancer patient for a period of one year after discharge
from Hospital to a Widow of ESM or their ward
(Max one per family upto Hav/Equiv)

PERSONAL APPLICATION

The Director
Directorate, Sainik Welfare, Assam, Guwahati

1. I am _____ a ESM
(Pensioner/Non Pensioner). I request for Medical Grant out of Armed
Forces Flag Day Fund

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. Medical Report:-

Name of Hospital where Treatment obtained	Date from	Date To	Remarks if any by MO

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

14. Details of Financial Assistance received in past from KSB/
RSB/ZSB (Name of grant _____ Amount _____ Yr _____)

Declaration.

15. I understand that this is a Financial Assistance for Medical Grant 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, Assam.
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.

applicant)

(Signature of the

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) Copy of PPO issued by the PCDA under which the pension is sanctioned duly attested.
 - (b) Photo copy of Medical documents from the nearest Military Hospital/Institute stating that the individual obtained Treatment.
 - (c) Copy of Identity Card duly attested
 - (d) Copy of discharge book of Ex-Servicemen duly attested
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)

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)