

EDUCATION GRANT (SCHOOL/COLLEGE)

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT:  
EDUCATION GRANT FOR SCHOOL GOING CHILDREN (MAX TWO ONLY)

(For wards of ESM/Widows upto the rank of Sub Maj and their Equiv only)

PERSONAL APPLICATION

The Director  
Sainik Welfare, Guwahati , Assam

1. I am \_\_\_\_\_ a ESM  
(Pensioner/Non Pensioner). I request for Education Grant (Gen Study)  
out of AFFDF.

Particulars of ESM

2. Name : \_\_\_\_\_

3. Service No \_\_\_\_\_ Rank \_\_\_\_\_

4. Present Address- \_\_\_\_\_

5. Dates: Enrolment \_\_\_\_\_ Discharge \_\_\_\_\_ Death \_\_\_\_\_

6. Reasons for discharge \_\_\_\_\_

7. Character at the time of Discharge \_\_\_\_\_

8. Dependents of ESM :-

Name	Relationship	Age

9. Children for whom the grant is applied:-

Name	Name of School	*Class Passed	Marks obtained

\*One year grant to be claimed for every successful  
Academic yr

10. Financial Condition Report

(a) Pension (Basic+DA+Other) : Rs \_\_\_\_\_

(b) Annual income from other sources : Rs \_\_\_\_\_

Contd..2/-

11. If re-employed , income there from : Rs \_\_\_\_\_

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

13. Mobile No (Mandatory) \_\_\_\_\_

14. Additional Information if any \_\_\_\_\_  
Declaration.

15. I understand that this is Financial Assistance for education grant of Armed Forces Flag Day Fund, Assam, and not a tuition fee reimbursement scheme. 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)

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RECOMMENDATIONS BY ZSB/RSB  
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18. Following original documents of ESM/Widow have been personally checked by ZSW Officer and photo copy duly self attested are attached:-  
(a) ESM/Widow Identity Card.  
(b) Dependent Identity Card.  
(c) Complete Discharge Certificate/Book.  
(d) Bonafide cert from school/college authority.  
(e) Mark sheet both semesters/classes duly signed by Principal/Head master.  
(f) Bank pass book front and updated within six month date of submission of application.

19. 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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SANCTION BY SECRETARY, RSB  
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20. 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)

RENEWAL APPLICATION FORM (GEN STUDY)

APPLICATION FORM FOR RENEWAL OF EDUCATION GRANT FOR  
SCHOOL/COLLEGE GOING CHILDREN OF EX-SERVICEMEN

FOR THE FINANCIAL YEAR - 20

To

The Director  
Directorate of Sainik Welfare Assam  
Sainik Bhawan  
Guwahati-07 (Assam)

1. Particulars of the Applicant:

No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Vill \_\_\_\_\_ PO \_\_\_\_\_ Distt \_\_\_\_\_

Contact No \_\_\_\_\_ (Mobile)Mandatory.

2. Bankers details :

Account Holder Name \_\_\_\_\_ Branch \_\_\_\_\_

Account No \_\_\_\_\_ IFS Code \_\_\_\_\_

(Photocopy of 1<sup>st</sup> page of Bank Pass Book with details of Account No is enclosed duly updated within six months submitting of this application)

3. Children for whom the grant is applied for renewal of education grant :-

Name of students	Name of School/ College	*Class Passed	Marks obtained

\*(This grant is to be claimed for every successful academic year)

4. Additional Information if any \_\_\_\_\_

Declaration.

5. I have received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) as Educational Scholarship/Book Grant/Uniform allowance) (Thick whichever is applicable) for the FY \_\_\_\_\_ from Directorate of Sainik Welfare Assam through ECS.

6. I understand that this is Financial Assistance for education grant to school/college going children of ESM community and not reimbursement of tuition fee. I have not legal right on the amount requested for.

Contd...2/-

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

(Signature of the applicant)

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RECOMMENDATIONS BY ZSB/RSB  
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8. Following original documents of ESM/Widow have been personally checked by ZSW Officer and photo copy duly self attested are attached:-  
(a) Photo copy of ESM/Widow Identity Card.  
(b) Photo copy of Dependent Identity Card.  
(c) Passed mark sheet both semesters/classes duly signed by Principal/Head master.  
(d) Bonafide cert from school/college authority.

9. 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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SANCTION BY SECRETARY, RSB  
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10. 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)

**TO WHOM IT MAY CONCERN**

This is to certify that Shri/Miss.....,

son/daughter of Service No.....Rank.....Name.....

.....resident of Vill : .....P.O.....

.....Dist:.....State.....

is a student of Class .....of this School/College . He/She has successfully

passed the final examination of class .....during the session .....

As per School/College admission register, his/her date  
of birth is.....

I wish every success in his/her life.

Dated :

Signature of Principal/Head  
Master of the College/School

**TO WHOM IT MAY CONCERN**

This is to certify that Shri/Miss.....Son/daughter  
of Service No.....Rank.....Name.....  
resident of Vill :.....P.O.....Dist:.....State.....  
is a student of Class .....of this School/College .

2. He/She has Promoted to Class \_\_\_\_\_ without examination as per the Govt Order related to COVID-19 during the Session \_\_\_\_\_.
3. As per School/College admission register, his/her date of birth is \_\_\_\_\_.

I wish every success in his/her life.

Dated :

Signature of Principal/Head  
Master of the College/School