

**Annexure 1**

(Refers to Para 5 of Appendix A)

**APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: PENURY**  
**(Only for Non-Pensioners above 65 Yrs of Age)**

1. Name: \_\_\_\_\_ Service No: \_\_\_\_\_ Aadhar No: \_\_\_\_\_  
2. Rank \_\_\_\_\_ 3. Present Address: \_\_\_\_\_  
\_\_\_\_\_  
4. Dates: (dd/mm/yy) Enrolment: \_\_\_/\_\_\_/\_\_\_ Discharge: \_\_\_/\_\_\_/\_\_\_ Birth: \_\_\_/\_\_\_/\_\_\_ Death: \_\_\_/\_\_\_/\_\_\_  
5. Reasons for discharge: (As in Discharge Certificate): \_\_\_\_\_  
6. Character at the time of discharge: Exemplary / Very Good / Good / Fair / Bad.  
7. Mobile No: \_\_\_\_\_ Residence Landline No: \_\_\_\_\_  
8. (a) If re-employed, income there from employment : Rs. \_\_\_\_\_  
(b) Monthly income for non-pensioners (from other sources) Rs. \_\_\_\_\_  
9. Details of Financial Assistance received in past from KSB/RSB/ZSB(mention each type of grant):  
Name of grant \_\_\_\_\_ Amount \_\_\_\_\_, year \_\_\_\_\_  
10. **Name and address** of Bank: \_\_\_\_\_  
11. IFSC/ NEFT Code of Bank: \_\_\_\_\_ 12. Account No. \_\_\_\_\_  
13. Additional Information if any \_\_\_\_\_

**DECLARATION**

14. I understand that this is only an assistance I have no legal right on the amount requested for.  
15. I am a non-pensioner and not drawing any kind of pension or grant from any agency.  
16. I hereby declare that information furnished in personal application is correct to the best of my knowledge.  
17. If my application is sanctioned, I will apply for renewal of Penury Grant every year between 01 to 31 of Dec to my concerned ZSB.

(Signature of the applicant)

**RECOMMENDATIONS BY ZSW OFFICER**

18. Following original documents of ESM/Widow have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -  
(a) Complete Discharge Certificate/book.  
(b) Age proof of applicant.  
(c) **A Certificate of Penury from village Sarpanch/Patwari/Block Development Officer for ESM/Widow applying for Penury and that the ESM/widow is not receiving pension or grant from Govt or any other agency.**  
(d) **Attested copy of ESM/Widow Identity Card.**  
19. It is certified that the applicant does not have income/pension from any other source and he has not been provided any financial assistance from the State Govt or any other source.  
20. I hereby confirm that the information furnished above is correct as per the original documents of the applicant. Hence, case is **recommended**.

**Date:**

**Office Seal :**

**Signature:**

**Rank & Name:**

**Designation : Dy Dir/Asst Dir/ZSWO**

**RECOMMENDATIONS 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 :**

**Office Seal :**

**Signature :**

**Rank & Name:**

**Designation : Director/Secretary**