

**Annexure 1**  
(Refers to Para 5 of Appendix C)

**APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: DISABLED CHILD**  
**(For Disabled Children of Havildar & Below ESM having 100% Disability)**

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. Name of Disabled Child. \_\_\_\_\_ Nature of Disability \_\_\_\_\_ %age: \_\_\_\_\_
8. Mobile No: \_\_\_\_\_ Residence Landline No: \_\_\_\_\_
9. (a) Pension (Basic pm for pensioners) Rs. \_\_\_\_\_  
(b) If re-employed, income there from employment : Rs. \_\_\_\_\_  
(c) Monthly income for non-pensioners (from other sources) Rs. \_\_\_\_\_
10. Details of Financial Assistance received in past from KSB/RSB/ZSB(mention each type of grant):  
Name of grant \_\_\_\_\_ Amount \_\_\_\_\_, year : \_\_\_\_\_
11. **Name and address** of Bank: \_\_\_\_\_
12. IFSC/ NEFT Code of Bank: \_\_\_\_\_ 13. Account No. \_\_\_\_\_
14. Additional Information if any \_\_\_\_\_

**DECLARATION**

15. I understand that this is financial assistance only and I have no legal right on the amount requested for.
16. I solemnly declare that I am not drawing disability grant or assistance from Govt or any other source for the above mentioned child.
17. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

(Signature of the applicant)

**RECOMMENDATIONS BY ZSB**

18. Following original documents of ESM/Widow have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
  - (a) Dependent Identity Card issued by ZSB.
  - (b) Complete Discharge Certificate/book showing details of ESM/widow and child.
  - (c) 100% disability certificate issued by military/civil Govt hospital.
  - (d) ESM/widows I Card.
19. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source in respect of above mentioned disabled child.
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**