

Annexure 1
(Refers to Para 5 of Appendix D)

APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: MARRIAGE
(Upto Two Daughters of ESM or widows upto Havildar)

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 of dependent daughters: (a) _____
(b) _____
12. Actual Date of Solemnization (dd/mm/yy): _____
11. Name and address of Bank: _____
12. IFSC/ NEFT Code of Bank: _____ 13. Account No. _____
14. Additional Information if any _____

DECLARATION

16. I understand that this is a financial assistance only and I have no legal right on the amount requested for. I am entitled to marriage grant once only for marriage of two daughters.
17. I solemnly declare that I have not obtained any financial assistance/grant for this marriage from Govt or any other agency.
18. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge

(Signature of the applicant)

RECOMMENDATIONS BY ZSWO

19. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
(a) Complete Discharge Certificate/book showing details of ESM/widows & children
(b) Age (not below 18 Yrs) proof of the daughter.
(c) Marriage certificate issued by Registrar of Marriages.
20. It is certified that the applicant has not been/ been provided any financial assistance from the State Govt or any other source.
21. 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