

Annexure 1
(Refers to Para 5 of Appendix H)

APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: FUNERAL OF ESM
(Only for Widows of ESM 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. Dependents of ESM: _____ Eldest Son/Daughter
(a) Wife: _____ (b) _____
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: _____ 14. Account No. _____
13. Additional Information if any _____

DECLARATION

14. I understand that this is a financial assistance only and I have no legal right on the amount requested for.
15. I have not taken any money for funeral from Army/Navy/Air force scheme
16. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge.

Name & Relationship

(Signature/Thumb impression of the applicant)

RECOMMENDATIONS BY ZSW OFFICER

17. 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.
 - b) Death Certificate.
 - c) Widow or orphan dependent I-Card
18. It is certified that the applicant has not been provided any financial assistance for the same cause from any other source.
19. 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