

Annexure 1
(Refers to Para 5 of Appendix G)

APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: HOUSE REPAIR
(For Widows of ESM/100% Disabled ESM/Orphan Daughter 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. (a) Location/address of damage house _____
(b) Type of Damage: _____
(c) Type of Natural Calamity: _____ (d) Date of Natural Calamity _____
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: _____ Account No. _____
13. Additional Information if any _____

DECLARATION

14. I understand that this is a financial assistance only and I have no legal rights on the amounts requested for.
15. I have not received any financial assistance or compensation from Govt or any other source for the above natural damage to my house.
16. 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 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) Ownership Certificate.
(c) Certificate from State Govt regarding nature and cause of damage and estimate loss.
(d) Notification issued by Central/State Govt declaring that the damage is due to natural calamity.
(e) 100% Disability Certificate (for 100% Disabled ESM).
(f) Death certificate of parents (for orphan daughter). (g) ESM/Widow/dependent I Card.

22. It is certified that the applicant has not been provided any compensation / assistance from the State Govt or any other source.

24. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

25. 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