

FORM – XVII

APPLICATION FOR CLAIMING FINANCIAL ASSISTANCE TOWARDS  
FUNERAL EXPENSES

1. Name of the Grantee & Address :
  
2. Details of ex-serviceman (Discharge Certificate copy to be attached)
  - (a) Number, Rank & Name :
  - (b) Corps/Unit/Regiment :
  - (c) Date of Enrolment :
  - (d) Date of Discharge/  
Retirement :
  - (e) Cause of Discharge :
  - (f) Character assessed :
  - (g) Amount of pension  
sanctioned :
  - (h) Occupation :
  
3. Relationship with the Ex-Serviceman :
  
4. Name of the deceased :
  - (a) Date of death :
  - (b) Age :
  - (c) Place of death :

(Death Certificate & Legal Heir Certificate to be attached)
  
5. Occupation of the Grantee :
  
6. Signature of the Grantee & Date :

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CERTIFICATE BY THE ZILLA SAINIK WELFARE OFFICER

Verified the particulars given by the individual thoroughly with reference to the Discharge Certificate and Death Certificate, and the individual \_\_\_\_\_ (Name) Sri/Smt \_\_\_\_\_) is eligible for financial assistance towards funeral expenses @ Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Date :  
OFFICER  
Seal :

ZILLA SAINIK WELFARE  
STAMP

FORM - XVIII