

FORM – VIII

APPLICATION FOR MONTHLY MAINTENANCE/FREE GRANT FROM SPECIAL  
FUND FOR RECONSTRUCTION AND REHABILITATION OF EX-SERVICEMEN.

Sl.No.	HEADINGS	PARTICULARS
1.	Regimental No.	:
2.	Rank	:
3.	Name (in block letters)	:
4.	Unit	:
5.	Length of Service.....Years.....Months.....Days.....	
	Date of enrolment:	Date of Discharge:
6.	Date, Place and Cause of Death of Ex-serviceman.	:
7.	Name of Grantee	:
8.	Full Residential H.No. particulars P.O.	Locality: District:
9.	Relationship	:
10.	Age and how much earning	:
11.	How the Ex-serviceman is maintaining his family since his release from the Armed Forces.	:
12.	Details of children and other dependents and how much earning (how the family has been maintaining all along).	:
13.	Whether relatives can help	:
14.	Whether the applicant owns any property or has any other source of income.	:
15.	Purpose for which relief is intended	:
16.	Whether new or renewal (in case of: fresh application a certified true copy of Discharge Certificate of Ex-Serviceman should be enclosed. In case of renewal Order No. & Date of previous sanction should be quoted with the amount and period for which it was sanctioned.	:
17.	Date of submission of DD-40	:

18. Amount recommended by Zilla Sainik Welfare Officer. :
19. Details of grants received other benevolent Fund or Armed Forces. :
20. Whether the case is under consideration for Family or invalid pension. :
21. Special recommendation if any :
22. Remarks. :

ZILLA SAINIK WELFARE OFFICER:

F O R M – XVI

APPLICATION FORM FOR CLAIMING SPOT ASSISTANCE FROM THE ZILLA  
SAINIK WELFARE OFFICER, DISTRICT \_\_\_\_\_.

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1. Name of the Grantee and address :
2. Details of Ex-serviceman :
  - (a) Number, Rank and Name :
  - (b) Unit/Regt. :
  - (c) Date of Enrolment :
  - (d) Date of Discharge/retirement :
  - (e) Character assessed :
  - (f) Amount of pension received :
  - (g) Present Occupation if alive. :
3. Relationship with the Ex-serviceman :
4. Occupation of the Grantee as per Sl.1 above. :
5. Purpose for which the individual applied for spot assistance. :
6. Signature of the individual :

Date:

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FOR USE BY THE ZILLA SAINIK WELFARE OFFICER

Verified the particulars given by the above individual, and the individual is considered deserving for sanction of Spot Assistance. Accordingly, a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) Is sanctioned towards Spot Assistance for the purpose indicated in Colmn.5 above.

Date:

ZILLA SAINIK WELFARE OFFICER.

Stamp:

APPLICATION FOR CLAIMING MARRIAGE GRANT FROM THE SPECIAL FUND  
FOR RECONSTRUCTION AND REHABILITATION OF EX- SERVICEMEN  
(ANDHRA PRADESH)

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1. Name of the Grantee and full postal address. :
2. Details of Ex-servicemen:  
(copy of DC to be attached)
  - (a) Number, Rank and Name :
  - (b) Corps/Unit/Regt. :
  - (c) Age of Ex-serviceman if alive :
  - (d) Date of Enrolment :
  - (e) Date of Discharge :
  - (f) Cause of Discharge :
  - (g) Character assessed :
  - (h) Amount of pension sanctioned :
  - (i) Occupation :
  - (j) Total annual income :
3. Relationship with the Ex-serviceman :
4. Total annual income from all sources (Income Certificate to be attached) :
5. Details of Bride:
  - (a) Name:
  - (b) Date of Birth & Age:
  - (c) Occupation:
  - (d) Whether dependent on the grantee or not:
6. Details of Bride-groom:
  - (a) Name :
  - (b) Date of Birth & Age :
  - (c) Occupation :
  - (d) Father's Name :
  - (e) Full postal address :
7. Date of marriage fixed or conducted (Wedding card and a certificate from the MRO/Gazetted Officer should be attached). :
8. Whether the concessions was availed :

previously, if so give details.

I solemnly affirm that the above statements are true to the best of knowledge.

Date:

SIGNATURE OF THE APPLICANT.

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CERTIFICATE BY THE ZILLA SAINIK WELFARE OFFICER,\_\_\_\_\_.

Certified that I am satisfied after perusing the Discharge Certificate and other documents, that Shri/Smt.\_\_\_\_\_ (here give the name of the Grantee) is eligible for marriage grant of Rs.\_\_\_\_\_ Rupees \_\_\_\_\_only) for the marriage of \_\_\_\_\_ (here give the name of bride with \_\_\_\_\_ (here give the name of bridegroom) held/to be held on \_\_\_\_\_.

PLACE:

ZILLA SAINIK WELFARE OFFICER,

DATE:

ZILLA SAINIK WELFARE OFFICE,\_\_\_\_\_.

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INCOME CERTIFICATE

This is to certify that Sri/Smt.\_\_\_\_\_ is the Father/Mother of \_\_\_\_\_ ( in case widow, mention husband name:- wife of late \_\_\_\_\_) is the resident of \_\_\_\_\_ His/her income from all sources is as follows for the year \_\_\_\_\_.

1. Employment	..	Rs.
2. Agriculture	..	Rs.
3. Pension	..	Rs.
4. Any other sources	..	Rs.

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TOTAL INCOME PER ANNUM: Rs.  
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(Total in Rupees\_\_\_\_\_)

PLACE:

SIGNATURE OF THE ISSUING  
AUTHORITY WITH SEAL.

DATE:

APPLICATION FOR CLAIMING INTEREST SUBSIDY FROM THE SPECIAL FUND  
FOR RECONSTRUCTION AND REHABILITATION OF EX- SERVICEMEN  
(ANDHRA PRADESH)

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1. Name of the Ex-serviceman or dependent of Ex-serviceman with full postal address. :
2. Details of Ex-serviceman (copy of Discharge Certificate to be attached) :
  - (a) Number, Rank and Name :
  - (b) Date of enrolment :
  - (c) Date of Discharge :
  - (d) Cause of Discharge :
  - (e) Character assessed :
  - (f) Pension sanctioned :
  - (g) Present age :
  - (h) Occupation if any :
3. Name of the Bank from which loan is obtained. :
4. Amount of loan sanctioned :
5. Purpose for which the loan is sanctioned (give full details) :
6. Amount of loan actually released by the Bank. :
7. Date of actual release of loan amount :
8. Rate of interest charged by the Bank :
9. Number of installments fixed (Monthly/Quarterly/Half-yearly) :
10. Amount of each installment together with interest thereon. :
11. Whether interest subsidy is sanctioned previously if so give details. :
12. Details of payment of installments during the period for which the subsidy is claimed. :

Sl.No.	Date of payment	Principle	Interest
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13. Closing balance on the last date of the period for which interest subsidy is claimed. :

I solemnly affirm that the above statements are true to the best of my knowledge.

DATE: \_\_\_\_\_ SIGNATURE OF THE APPLICANT.  
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**CERTIFICATE FROM THE ZILLA SAINIK  
WELFARE OFFICER: \_\_\_\_\_ DIST.**

Certified that the above individual has approached the Zilla Sainik Welfare Office, \_\_\_\_\_ for sanction of loan and interest subsidy on \_\_\_\_\_, and his case was forwarded to the \_\_\_\_\_ ( here give the name of Bank & Branch ) for consideration, vide this Office file No....., Dt.....(copy enclosed). Certified that I am satisfied after perusing the Discharge Certificate and other factual information submitted by \_\_\_\_\_, and that his case is recommended for interest subsidy from Special Fund.

Station: \_\_\_\_\_ ZILLA SAINIK WELFARE OFFICER,  
Date: \_\_\_\_\_ SEAL.

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**CERTIFICATE FROM THE BANK**

This is to certify that the details furnished by the above individual are verified with the records of the Bank and found correct. Further it is certified that the individual is paying the installments and interest due to the Bank regularly and on the prescribed dates and that no amount either installment or interest is due from him for the period for which interest subsidy is claimed in the application.

Date: \_\_\_\_\_ SIGNATURE OF THE MANAGER WITH

Seal. \_\_\_\_\_ SEAL