

**APPLICATION FORM FOR SANCTION OF FINANCIAL ASSISTANCE AT THE RATE
OF Rs.100/- p.m. w.e.f. AUGUST 1996 TO THE WORLD WAR-II VETERANS
SANCTIONED VIDE GO MS No.579 OF HOME(GENL.B)DEPT. DT:01-08-1994.**

Affix photo-
Graph of
applicant
duly
attested by
ZSWO

P A R T -1

- a) Army Number :
- b) Rank :
- c) Name :
- d) Father's Name :
- e) Regiment/Corps :
- f) Date of birth/age at the
time of enrolment :
- g) Date of enrolment :
- h) Date of discharge :
- i) Cause of discharge :
- j) Character assessed at the
time of discharge :
- k) Medals/Stars/decorations if any :
- l) Number of Identity Card :
- m) Age as on 01-07-94 (If date of
birth not available, apparent
age may be indicated) :
- n) Details of pension of
military service : i) Amount Rs: _____
- o) Details of pension of
civil service if the ex-serviceman
was re-employed : i) Amount Rs: _____
ii) Department in which employed
- p) Permanent Address :
- q) Present Address :

: 2 :

r) Bank Account No. :
Name of the bank and the
Address of the bank

I solemnly swear that the particulars submitted above are true and I have neither suppressed nor misquoted any information.

Place:

Signature/Left Thumb Impression
of the applicant

Date:

Encl: Copy of the discharge certificate/
Service particulars.

P A R T -2

(to be filled in by the Zilla Sainik Welfare Office)

CERTIFICATE

This is to certify that the above particulars submitted in Part-1 have been scrutinised and verified in accordance with the information and documents submitted by the individual and found correct except for the following:-

i)

ii)

Superintendent/Senior Assistant
Zilla Sainik Welfare Office

Concerned Sr.Asst/Jr.Asst/Wel.Organisor
Zilla Sainik Welfare Office

// COUNTERSIGNED //

Zilla Sainik Welfare Officer
_____ District