

APPLICATION FORM FOR SANCTION OF FINANCIAL ASSISTANCE AT THE RATE OF Rs.75/- p.m. w.e.f. AUGUST 1996 TO THE WIDOW WORLD WAR-II VETERAN SANCTIONED VIDE GO MS No.292 OF HOME(GENL.B)DEPT. DT:30-07-1996.

Affix photo-
Graph of
applicant
duly
attested by
ZSWO

PART -I

- a) Name of the Applicant :
- b) Identity Card number of the applicant and date of issue :
- c) age as on 01-07-96 (if date of birth not available, apparent age be indicated) :
- d) Name of the late husband :
- e) Particulars of the deceased World War-II Veteran :
- i) Service No. :
- ii) Rank :
- iii) Regt/Corps :
- iv) Date of enrolment :
- v) Date of discharge :
- vi) Cause of discharge :
- vii) Character assessed at the at the time of discharge :
- f) Medals/Stars/decorations if any
- g) Particulars of any re-employment into Armed Forces, DSC, State Govt./Central Govt. or its public Sector undertakings etc. :
- h) Date and place of death :
- i) Permanent Address :
- j) Present Address :

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

DECLARATION

I hereby declare that I am not in receipt of any pension/ family pension either from Civil/Military authorities and the particulars submitted by me as above are true and in the event of the particulars submitted by me as above are found false at any later date I am willing to forfeit my rights to receive the financial assistance sanctioned and I shall make good of the payments already made to me as financial assistance.

I am also declaring that neither I have suppressed any information nor have I misquoted any information.

Place:

Signature/Right hand Thumb Impression
of the applicant

Date:

Enclosures:

1. Copy of discharge certificate of my late husband.
2. Copy of Identity Card.
3. Copy of Legal Heir Certificate.
4. Copy of Death Certificate of my husband.
5. Copy of Ration Card (if any).
6. Two Pass port size photographs.

PART-II

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

CERTIFICATE

This is to certify that the above particulars submitted in Part-1, I 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)
- iii)

Superintendent/Senior Assistant
Zilla Sainik Welfare Office

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

// COUNTERSIGNED //

Zilla Sainik Welfare Officer
_____ District

