

**APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANCE TO THE DISABLED/PARAPLAGIC AND DESTITUTE EX-SERVICEMEN/WIDOWS/DEPENDENTS.**

1. Name of the applicant : .....
2. Army No. Rank and Name : .....  
(Husband/Dependents particulars in the case of widow/dependent) .....
3. Unit/Regiment : .....
4. Date of Enrolment : .....
5. Date of Discharge : .....
6. Date of Birth : .....
7. Date of Death of Husband in case of widows. : .....
8. Percentage of disability (If any) : .....
9. Rate of monthly pension : .....
10. Purpose for which the assistance is required. : .....
11. Amount required : .....
12. Amount of Financial assistance already Received from other sources (if any) : .....
13. Annual income from the following: -
  - (a) Landed Property : .....
  - (b) Pension : .....
  - (c) From any other sources : .....
  - (d) Total : .....

(To be verified by the Patwari)

14. Detail of family members, their age and profession: -

S. No.	Name	Relationship with applicant	Age	Profession	Income

15. Permanent residential Address: -

Village .....Post Office .....

Tehsil ..... District .....(HP).

I hereby certify that the information given above is correct to the best of my knowledge and belief. I also certify that I, concealed no information.

Signature/Thumb Impression  
of the applicant.

**VERIFICATION BY THE WELFARE ORGANISER**

15. Brief history of the case: -

I hereby certify that the particulars furnished by the above-mentioned applicant have been verified by me from his/her discharge certificate, pension book and found correct.

Signature of the  
Welfare Organiser

**RECOMMENDATION BY THE DEPUTY DIRECTOR SAINIK WELFARE**

Recommended /Not recommended

Place: .....

Dated: .....

**SANCTION BY THE DIRECTOR SAINIK WELFARE DEPARTMENT**

Sanctioned/Not sanctioned

Place: Hamirpur-177 001

Director  
Sainik Welfare, HP

Dated: .....