

APPLICATION FOR FINANCIAL ASSISTANCE OUT OF FLAG DAY FUND
(STATE/ DISTRICT)

PART-I

1. Name of Applicant _____ Age _____
2. No. _____ Rank _____ Name _____
Unit _____
3. Father/ Husband Name _____
4. Date of Death (if applicable) _____
5. Address: Village _____ Post Office _____
Tehsil _____ District _____ (H.P.)
6. Date of Enrolment _____
7. Date of Discharge _____
8. Cause of Discharge _____
9. Amount and Nature of Pension, if any _____
10. Whether in receipt of any financial assistance, if so then from where with amount

11. Reason for financial assistance required _____
12. Amount applied for _____

Signature/Thumb Impression
of the Applicant

PART-II

Remarks by the Welfare Organiser or an authority nominated by the Deputy Commissioner
(President), Zila Sainik Welfare Office.

1. Amount and Nature of Pension, if any _____
(Ordinary or disability)
2. Amount of loan taken, if any _____
3. Date and Amount with source of any previous financial assistance granted

4. Whether the applicant is able bodied and able to work for a living, if unable to work for a living, reason should be given _____

5. Number of Dependents giving relationships in all cases :-

Name	Relationship	Age	Occupation
(i)			
(ii)			
(iii)			
(iv)			
(v)			

Signature
(Welfare Organiser)

PART-III

Recommendation by the Welfare Organiser or by an authority nominated by the Deputy Commissioner (President)

1. Summary of any reasons for recommending financial assistance which are not already mentioned above, if it is desired that the case should be treated as "Special", full reasons for such recommendations must be given : _____

2. Amount and nature of financial assistance recommended _____

PART-IV

Remarks by the President of the Committee of Administration

1. Amount and nature of financial assistance _____
2. Purpose to which financial assistance is to be devoted _____

Signature with office Seal.