

**Annexure I**  
**APPLICATION PERFORMA FOR MEDICAL GRANT**

1. Name of the applicant (ESM/Widow): \_\_\_\_\_
2. Army No. : \_\_\_\_\_
3. Rank : \_\_\_\_\_
4. Unit/Corps/Regiment : \_\_\_\_\_
5. Date of Enrolment/Commission : \_\_\_\_\_
6. Date of Discharge/ Retirement/Release : \_\_\_\_\_
7. Date of Death of ESM (in case the : \_\_\_\_\_  
applicant is widow)
8. Date of Admission in Hospital : \_\_\_\_\_
9. Date of Discharge from Hospital : \_\_\_\_\_
10. Name of the Hospital : \_\_\_\_\_
11. Reason for Hospitalization : \_\_\_\_\_
12. Expenditure \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Applicant  
Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_