

Annexure
APPLICATION FOR GRANTS FROM AMRY WIVES WEFLARE
ASSOCIATION

Part I – Particulars of the Applicant /Serviceman/Ex-Serviceman

1. (a) Name of the applicant : _____
(b) Permanent Address : _____

2. Details of the Serviceman/Ex-Serviceman :-

(a) No _____
Rank _____
Name _____
Unit /Corps _____
(b) Relationship with applicant _____
(c) Date of commission/enrolment _____
(d) Date of retirement/discharge _____
Total Service _____
(e) Date of casualty including Death _____
(f) Cause of casualty including Death _____

(g) Age at the time casualty including
Death _____
(h) Is Death/Disability attributable or
aggravated to service _____
(j) Character (As assessed on discharge Certificate) _____ Yes/No
(k) Physical condition of the applicant _____

3. Details of applicant's Bankers :-

(a) Name of Bank and Branch _____
(b) Postal Address _____

(c) Account No. _____

4. Details of family/dependants:-

Name	Age	Relationship	Profession and individual income (if applicable)	School and Class in which Studying

Part-II-PRESENT FINANCIAL STATE OF APPLICANT

Monthly Income

5. (a) Rate of monthly pension and or salary : _____
 (including allowances)
- (b) Children allowance :-
- (i) For No of children : _____
- (ii) Rate per month : _____
- (iii) Total Amount : _____
- (c) Children education allowance :-
- (i) For No of children : _____
- (ii) Rate per month : _____
- (iii) Form AOCEF : _____
- (iv) Aid from any other _____
 Scholarship/State

Previous Grant

6. Details of previous grants/ assistance received from centre/State Govt /Army source including DGR, Kendriya /Rajya Sainik Board

Date	Source	Fund Amount
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____
(d) _____	_____	_____
(e) _____	_____	_____

LUMPSUM RECEIPTS

7. Details of all lump sum receipts are as under :-

	DATE	AMOUNT
(a) From Army Group Insurance Scheme	_____	_____
(b) DSOP	_____	_____
(c) From LIC	_____	_____
(d) Service gratuity	_____	_____
(e) Family gratuity	_____	_____
(f) Terminal gratuity	_____	_____
(g) Death-cum-retirement gratuity	_____	_____
(j) Rehabilitation grant (for EC Officers)	_____	_____
(k) Commuted value of pension received	_____	_____
(l) Any other amount received	_____	_____
TOTAL RS.	_____	_____

OTHER ASSETS

8. My other assests are as under:-

	Name of the Bank/Company	AMOUNT	Income (Yearly)
(a) Current /Saving Account	_____	_____	_____
(b) Fixed Deposits	_____	_____	_____
(c) Recurring Deposit	_____	_____	_____
(d) Shares/Bonds	_____	_____	_____
(e) Saving Certificate	_____	_____	_____
(f) Unit Trust _	_____	_____	_____
(g) Any other deposits	_____	_____	_____
TOTAL RS.	_____	_____	_____

Details and income from property :-

Immovable Property

	Urban/ Rural Area	Value	Total Income (Yearly)
(a) Land	_____	_____	_____
(i) Agriculture	_____	_____	_____
(ii) Non-agricultural	_____	_____	_____
(b) House (s)	_____	_____	_____
(i)	_____	_____	_____
(ii)	_____	_____	_____

(c) Commercial

(i)

(ii)

(d) Hired land/Buildings

Movable Property (Above Rs. 2,000/- each)

Details of property

Value

Income
if any

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

TOTAL RS.

10. Details of monthly income from other sources are as follows :-

Income from other sources

Source

Income
(Monthly)

(a)

(b)

(c)

TOTAL RS. _____

Family Budget

12. Present monthly budget as follows:-

(a) House/Own/hired house at the rate of _____
per month

(b) Total education expense

(c) Food cost

(d) Clothing and other necessities

TOTAL RS. _____

PART-III-BRIEF CIRCUMSTANCES OF DISTRESS CERTIFICATE

Certified that all the above facts have been correctly revealed no information has been concealed to the best of my knowledge.

Date _____

Signature of the applicant

Caution :- Any other declaration of concealing of facts may adversely effect consideration of application and may debar you from any further assistance/financial help. In your own interest please fill the details correctly.

NOTES

1. Applications for the first grant should be submitted in duplicate, direct to the command in which Serving or to the Zila/Rajya Sainik Board/OC Records/Army HQ whichever applicable.
 2. Applications for the subsequent grants should be submitted, in duplicate, direct to the respective the Zila/Rajya Sainik Board/OC Records including the Command/Zila/Rajya Sainik Board/OC Records which dealt with the first application.
 3. Causality includes death, invalidment, release discharge, resignation, dismissal or cashiering.
 4. Case of invalidment /death should Battle causality/ Peace time causality with authority, if possible.
 5. Write NA or NIL wherever applicable.
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PART IV-VERFICATION AND RECOMMENDATIONS

1. The above statements have been verified as correct except as under :-
2. Recommendation: -

Sponsoring Office of the rank of Lt Col & above & Equivalents

Or

Secretary Zila/ Rajya Sainik Board

Affix Office Seal:

PART V-GRANT (S) SANCTIONED

FUND

AMOUNT

Date

Sanctioning
Authority