

**PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: MEDICAL GRANT  
(Only for Non ECHS members/Non Pensioners upto Havildar and for  
Pensioners/Non-pensioners ESM of Nepal Domiciled Gorkhas)**

**PERSONAL APPLICATION**

The Secretary  
Kendriya Sainik Board

1. I am \_\_\_\_\_ a non-ECHS pensioner/non-pensioner  
ESM/Widow/Orphan of ESM. I request for medical grant out of RMDF.

**Particulars of ESM**

2. Name

3. Service No. 



 Rank

4. Present Address:

5. **Dates** (dd/mm/yy)  
 Enrolment 



 Discharge 



 Death 



  
 (Strike out if not Applicable)

6. **Reasons for discharge:**



  
 (As in Discharge Certificate)

7. **Character at the time of discharge:** Exemplary/Very Good/Good/Fair/Bad  
 (Strike out whichever is not applicable)

8. **Dependents of ESM** Son/Daughter  
 a) Wife: \_\_\_\_\_ d) \_\_\_\_\_  
 b) Mother: \_\_\_\_\_ e) \_\_\_\_\_  
 c) Father: \_\_\_\_\_ f) \_\_\_\_\_  
 g) \_\_\_\_\_

9. **Additional Information if any (including Mobile No)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Financial Condition Report**

10. (a) Pension (Basic pm for pensioners) Rs.

(b) Monthly income for non-pensioners: Rs. 



  
 (from other sources)

11. If re-employed, income there from: Rs.

12. Details of Financial Assistance received in past from KSB/RSB/ZSB  
(Name of grant \_\_\_\_\_ Amount \_\_\_\_\_, year \_\_\_\_\_).

**Bank Details**

13. Name of the Bank :- \_\_\_\_\_

14. IFSC Code of Bank:- \_\_\_\_\_

15. Account No.:- \_\_\_\_\_

**Declaration**

16. I understand that this is a grant meant for medical assistance **upto Rs 30,000/-** only and not a reimbursement scheme. I have no legal right on the amount requested for.

17. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge.

**Name & Relationship**

**(Signature/Thumb impression of the applicant)**

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**RECOMMENDATIONS BY ZSW OFFICER**

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18. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -

- a) Complete Discharge Certificate/book.
- b) Original medical bills/receipts countersigned by the attending doctor.
- c) Discharge certificate/summary from the hospital and countersigned by the attending doctor.

19. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source. It is also certified that the applicant is not an ECHS member.

20. I hereby declare that the information furnished above is correct as per the original documents of the applicant. Hence, case is **recommended**.

**Date :**

**Signature :**

**Office Seal :**

**Designation :**