
Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

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- (b) Annual income from other sources: Rs.

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(such as land, rented houses, others)
12. If re-employed, income there from: Rs.

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

Declaration

14. I understand that this is an ex-gratia grant meant for education assistance of **Rs 200/- & Rs 400/- pm for boy & girl child** respectively (Maximum two children) and not a tuition fee reimbursement scheme. I have no legal right on the amount requested for.
15. 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)

RECOMMENDATION BY ZSW OFFICER

16. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
- a) ESM/Widow/Dependent Identity Card.
 - b) Complete Discharge Certificate/book.
 - c) Certificate from school giving date of birth and marksheet of successful candidates.
17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: EDUCATION GRANT

(Only for College going daughter of ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner ESM/widow. I request for education 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) _____

Daughters for whom the grant is applied for

9.

Name	Name of College	* Name of Exam passed	Marks obtained (in %)

(* One year grant to be claimed for every successful academic year)

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

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- (b) Annual income from other sources: Rs.

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(such as land, rented houses, others).
12. If re-employed, income there from: Rs.

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

Declaration

- 14 I understand that this is an ex-gratia grant meant for education assistance of **Rs 600/- pm for girl child only** (Maximum two) and not a tuition fee reimbursement scheme. I have no legal right on the amount requested for.
15. 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)

RECOMMENDATIONS BY ZSW OFFICER

16. Following original documents of ESM/Widow/Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
- a) ESM/Widow/Dependent Identity Card.
 - b) Complete Discharge Certificate/book.
 - c) Certificate from college giving date of birth and marksheet of successful candidate.
17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: MONTHLY GRANT
(For Non-Pensioner ESM/Widows above 65 Yrs. Rarest of the Rare Cases)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a non-pensioner ESM/Widow. I request for monthly grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

Enrolment

Discharge

Date of Birth

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. **Details of the applicant (only applicable for widow of ESM)**

Name _____ Date of Birth _____

9. **Additional Information if any**

10. (a) If re-employed, income there from: Rs.

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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

Declaration

12. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDF.
13. I am a non-pensioner above 65 years of age and not drawing any kind of pension from any agency.
14. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

Name & Relationship

(Signature/Thumb impression of the applicant)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Age Proof of the applicant.

16. It is certified that the applicant does not have income/pension from any other source and he has not been provided any financial assistance from the State Govt or any other source.

17. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

18. 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 :

Declaration

- 12. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDf.
- 13. I am a non-pensioner and not drawing any kind of pension from any agency.
- 14. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

Name & Relationship

(Signature/Thumb impression of the applicant)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Age proof of applicant.

16. It is certified that the applicant does not have income/pension from any other source and he has not been provided any financial assistance from the State Govt or any other source.

17. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: PENURY GRANT

(Only for Non-Pensioner ESM/Widows above 70/75 Yrs)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a non-pensioner ESM/Widow. I request for penury grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

Enrolment

Discharge

Date of Birth

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. **Details of the applicant (only applicable for widow of ESM)**

Name _____ Date of Birth _____

9. **Additional Information if any**

10. (a) If re-employed, income there from: Rs.

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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

Declaration

- 12. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDF.
- 13. I am a non-pensioner above 70/75 years of age and not drawing any kind of pension from any agency.
- 14. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

Name & Relationship

Signature/Thumb impression of the applicant)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Age Proof of the applicant.
- d) Applicant is staying in old age home and is more than 70 yrs old/applicant is staying at home and is more than 75 yrs old.

16. It is certified that the applicant does not have income/pension from any other source and he has not been provided any financial assistance from the State Govt or any other source.

17. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: PENURY GRANT

(Only For Orphans of ESM with 100% Disability)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a non-pensioner orphan. I request for penury grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

 Discharge

 Death

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)

Details of the Orphan (s)

8. Name

9. Date of Birth (dd/mm/yy)

 Sex: Male Female

10. **Additional Information if any**

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

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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

Declaration

- 13. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDF.
- 14. I am a non-pensioner and not drawing any kind of pension from any agency.
- 15. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

Name & Relationship

(Signature/Thumb impression of the applicant)

RECOMMENDATIONS BY ZSB

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

- a) Dependent Identity Card issued by ZSB.
- b) Complete Discharge Certificate/book.
- c) 100% disability certificate issued by military/civil Govt hospital.
- d) Death certificates of the parents.

17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

18. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

19. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: MARRIAGE GRANT
 (Only for Two Daughters/Widow of ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
 Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner daughter/widow of ESM.
 I request for marriage/re-marriage 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: _____ b) Mother: _____ c) Father: _____	d) _____ e) _____ f) _____ g) _____
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9. Actual date of Solemnization (dd/mm/yy)

10. Additional Information if any

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources:
 (such as land, rented houses, others) Rs.

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

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

Declaration

14. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to marriage grant once only for two daughters/widow out of RMDF.
15. 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)

RECOMMENDATIONS BY ZSWO

16. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
- a) ESM/Widow/Dependent Identity Card.
 - b) Complete Discharge Certificate/book.
 - c) Age (not below 18 Yrs) proof of the daughter.
 - d) Marriage certificate issued by Registrar of Birth/Death/Marriages.
17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: MEDICAL GRANT

(Only for Non ECHS members/Non Pensioners upto Havildar)

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

Financial Condition Report

10. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources:
(such as land, rented houses, others) Rs.

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 _____).

Declaration

13. I understand that this is an ex-gratia 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. I am entitled to only one grant out of RMDF.

14. 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)

RECOMMENDATIONS BY ZSW OFFICER

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

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

16. 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.

17. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: OFFICER'S TRAINING GRANT
 (Only for Wards of ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
 Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner ESM/widow. I request for officer's training 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)

Gentleman Cadet/Cadet

8. Name

9. Cadet No.

10. Date of Joining Officer Training Institute (NDA/IMA)
 (dd/mm/yy)

11. Additional Information if any

Financial Condition Report

12. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources:
 (such as land, rented houses, others) Rs.

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

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

Declaration

15. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDF.
16. 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)

RECOMMENDATIONS BY ZSW OFFICER

17. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
- a) ESM/Widow/Dependent Identity Card.
 - b) Complete Discharge Certificate/book.
 - c) Certificate from training institute certifying the details as given by the applicant in para 8-10 are correct and the gentleman cadet has been promoted to next term.
18. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
19. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: HOUSE REPAIR GRANT

(Only for ESM/Widows/ Orphan Daughter upto Havildar)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a non-pensioner ESM/Widow/Orphan of ESM. I request for house repair 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. Cause of damage _____

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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

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

Declaration

14. I understand that this is an ex-gratia grant only and I have no legal rights on the amounts requested for. Further I understand that only one of the above grants is applicable to me and I will not ask for any further grants out of RMDF.

15. I am neither in receipt and nor denied of old age/WW-II pension/financial assistance under any State Govt/Central Govt scheme.

16. 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)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) Copy of the ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Owner Certificate.
- d) Certificate from State Govt regarding cause of damage and estimate cost.
- e) Notification issued by Central/State Govt declaring that the damage is due to natural calamity.

18. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

19. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: FUNERAL GRANT

(Only for Widows of ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner widow/orphan. I request for funeral grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

 Discharge

 Death

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**

Financial Condition Report

10. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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 _____).

Declaration

13. I understand that this is an ex-gratia grant only and I have no legal right on the amount requested for. I am entitled to only one grant out of RMDF.

14. 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)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Death Certificate.

16. It is certified that the applicant has not been provided any financial assistance for the same cause from any other source.

17. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: ORPHAN DAUGHTER GRANT
(For Orphan daughter of ESM (PBOR & Officers))
(Rs 1,000/- per month upto marriage or 21 years whichever is earlier)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner unmarried and below 21 year old orphan daughter of an ESM. I request for orphan daughter grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

 Discharge

 Death

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)

Details of Orphan Daughter:

8. Name

9. Date of Birth

 Marital Status : Married Unmarried

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources: Rs.

 (such as land, rented houses, others)

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

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

Declaration

14. I understand that this is an ex-gratia grant only and I have no legal right on the amounts requested for. Further I understand that only one of the above grants is applicable to me and I will not ask for any further grants out of RMDF.

15. 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)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) Dependent Certificate.
- b) Complete Discharge Certificate/book.
- c) Date of Birth Certificate.
- d) Certificate from competent authority certifying that the applicant is not married.

17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: EDUCATION GRANT
(Only for Post Graduation of Widow of ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
 Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner Widow. I request for post graduation 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
 c) Wife: _____ d) _____
 d) Mother: _____ e) _____
 c) Father: _____ g) _____

Widow for whom the grant is applied for

9.

Name	Name of College	* Name of Exam passed	Marks obtained (in %)

(* One year grant to be claimed for every successful academic year)

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

--	--	--	--	--	--	--
- (b) Annual income from other sources: Rs.

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(such as land, rented houses, others).
12. If re-employed, income there from: Rs.

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

Declaration

14. I understand that this is an ex-gratia grant meant for education assistance of **Rs 600/- pm for widow only** and not a tuition fee reimbursement scheme. I have no legal right on the amount requested for.
15. 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)

RECOMMENDATIONS BY ZSW OFFICER

16. Following original documents of ESM/Widow/Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
- a) ESM/Widow/Dependent Identity Card.
 - b) Complete Discharge Certificate/book.
 - c) Certificate from college giving date of birth and marksheet of successful candidate.
17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
18. 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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: HOUSE REPAIR GRANT

(Only for 100% disabled ESM upto Havildar)

PERSONAL APPLICATION

The Secretary
Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner 100% disabled ESM. I request for house repair 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
c) Wife: _____ d) _____
d) Mother: _____ e) _____
c) Father: _____ g) _____

9. Cause of damage _____

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources: Rs.

(such as land, rented houses, others)

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

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

Declaration

14. I understand that this is an ex-gratia grant only and I have no legal rights on the amounts requested for. Further I understand that only one of the above grants is applicable to me and I will not ask for any further grants out of RMDF.

15. I am neither in receipt and nor denied of old age/WW-II pension/financial assistance under any State Govt/Central Govt scheme.

16. 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)

RECOMMENDATIONS BY ZSW OFFICER

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

- a) Copy of the ESM/Widow/Dependent Identity Card.
- b) Complete Discharge Certificate/book.
- c) Owner Certificate.
- d) Certificate from State Govt regarding cause of damage and estimate cost.
- e) 100% disability certificate issued by Military Hospital.

18. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

19. 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 :

RECOMMENDATIONS BY SECRETARY, RSB

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 :

PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT: 100% DISABLED GRANT
(For 100% Disabled Children of ESM (PBOR & Officers))
(Rs 500/- per month)

PERSONAL APPLICATION

The Secretary
 Kendriya Sainik Board

1. I am _____ a pensioner/non-pensioner 100% disabled Child of an ESM.
 I request for 100% disability grant out of RMDF.

Particulars of ESM

2. Name

3. Service No.

 Rank

4. Present Address:

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

 Discharge

 Death

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)

Details of Handicapped Children:

8. Name

9. Date of Birth

 Marital Status : Married Unmarried

10. **Additional Information if any**

Financial Condition Report

11. (a) Pension (Basic+DA+Others) Rs.

(b) Annual income from other sources: Rs.

 (such as land, rented houses, others)

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

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

Declaration

14. I understand that this is an ex-gratia grant only and I have no legal right on the amounts requested for. Further I understand that only one of the above grants is applicable to me and I will not ask for any further grants out of RMDF.

15. 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)

RECOMMENDATIONS BY ZSW OFFICER

16. Following original documents of ESM/Widow./Orphan

17. have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -

- a) Dependent Certificate.
- b) Complete Discharge Certificate/book.
- c) ESM/Widow Identity Card
- d) Date of Birth Certificate.
- e) 100% disability certificate issued by Military Hospital.

17. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.

18. 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 :