

**Annexure**  
In lieu of Form DD – 40

APPLICATION FOR GRANTS FROM WELFARE FUND ADJUTANT  
GENERAL'S BRANCH

**PART 1 : PARTICULARS OF THE APPLICANT/EX-SERVICEMAN**

1. (a) Name of Applicant : \_\_\_\_\_  
(b) Date of Birth : \_\_\_\_\_  
(c) Relationship with Applicant : Wife / Widow/ Son/ Daughter/Parent  
(d) Permanent Home Address : \_\_\_\_\_  
\_\_\_\_\_  
(e) Present Home Address : \_\_\_\_\_  
\_\_\_\_\_

**PART II : DETAILS OF EX-SERVICEMAN**

- 2..(a) Personal Number : \_\_\_\_\_  
Rank \_\_\_\_\_  
Name \_\_\_\_\_  
(b) Unit/ Corps : \_\_\_\_\_  
(c) Date of Commission/Enrolment \_\_\_\_\_  
(d) Date of Retirement/Discharge : \_\_\_\_\_  
(e) Total Service : \_\_\_\_\_  
Years: \_\_\_\_\_  
Months: \_\_\_\_\_  
(f) Date of Casualty/Death \_\_\_\_\_  
(g) Cause of Casualty/Death : \_\_\_\_\_  
(h) PPO Number : \_\_\_\_\_

3. Tick as applicable to the applicant :-

- (a) If Infirm or unable to support wife & children : Yes/ No  
(b) Totally Blind : Yes/ No  
(c) If Over 65 Years of age : Yes/ No

**PART 3 : PRESENT FINANCIAL STATE OF APPLICANT**

4. Monthly Income from all sources (including property) Rs. \_\_\_\_\_  
(Give brief details).
5. Details of Grants received :-
- (a) AGI : Rs \_\_\_\_\_  
(b) LIC : Rs \_\_\_\_\_  
(c) Gratuity : Rs \_\_\_\_\_  
(d) Ex Gratia : Rs \_\_\_\_\_  
(e) AFPP/DSOP : Rs \_\_\_\_\_

- (f) AOCEF : Rs \_\_\_\_\_  
 (g) Others : Rs \_\_\_\_\_  
 6. Details of all previous grants/assistance received from :-  
 (a) Army : Rs \_\_\_\_\_  
 (b) State Govt : Rs \_\_\_\_\_  
 (c) Central Govt : Rs \_\_\_\_\_  
 (d) Total : Rs \_\_\_\_\_  
 7. Monthly expenditure on following :-  
 (a) Housing (Own house/Rent) : Rs \_\_\_\_\_  
 (b) Food Clothing & other necessities : Rs \_\_\_\_\_  
 (c) Education of dependent children : Rs \_\_\_\_\_  
 8. No of members wholly dependents on him : \_\_\_\_\_  
 9. Details of dependents :-

Name	Sex	Age	Relationship	Occupation	Monthly Income

10 Details of Bank and Account Number \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART 4 : BRIEF CIRCUMSTANCES OF DISTRESS**

**11. CERTIFICATE**

12. Certified that all the above facts are correct to the best of my knowledge and no information has been concealed.

Date :

(Signature of Applicant)

