

Annexure 'I'

(Performa)

**APPLICATION FORM FOR PAYMENT OF FINANCIAL ASSISTANCE TO
EX-SERVICEMEN/WIDOWS ABOVE THE AGE 65 YEARS**

1. Name of Ex-serviceman
2. Name of Wife/Widows
3. Father's Name
(Only in case of ESM)
4. Date of Birth
5. Date of enrollment in Army
6. Date of Retirement
7. Reasons for retirement
8. Permanent address
9. Name of Banker and Saving Account No.
10. Monthly income from all sources:
 - (a) Land
 - (b) Shop/Business
 - (c) Financial assistance
 - (d) Pension
11. Is he/she living with dependent

Signature of Applicant

Recommendations of Screening Committee of District Sainik Welfare Office

Recommended/Not Recommended

District Sainik Welfare Officer

Sanctioned/Not Sanctioned

Director Sainik Welfare Punjab

