

**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.

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**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