

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)

