

**Application Form for Fin Assistance to Disabled Soldiers Who Released from Service with
100% Disability : Out of Armed Forces Flag Day Fund**

1	Service No.	:	_____	Photographs
2.	Rank	:	_____	
3.	Name	:	_____ _____	
4.	I/Card No issued by ZSWO Chandigarh	:	_____	
5	Type of disability with % age	:	_____	
6	Name of Medical Authority declaring disability	:	_____	
7	Served in (Army/Navy/Air Force	:	_____	
8	Date of enrolment in the defence	:	_____	
9	Date of retirement	:	_____	
10	Pension per month	:	_____	
11	Disability PPO No	:	_____	
12	Address	:	_____ _____ _____	
13	Contact details	:	_____	

14 Undertaking – I do hereby declare that the above particulars given by me are true, complete and correct to the best of my knowledge and belief. In the event of any wrong statement/ in the particulars being detected at later stage, regarding claiming of financial assistance on account of disability from other sources will be liable for payment and cancellation without any notice.

Dated :

(Signature of applicant)

Enclosures:-

1. Photocopy of discharge book
2. Photocopy of Disability PPO
3. Photocopy of ESM Identity Card issued by ZSWO, UT Chandigarh
4. Photocopy of Medical Certificate Issued by Govt Hosp / Mil Hosp
5. Cancelled cheque of saving bank account of applicant under which Fin Asst to be paid