

**Application Form for Fin Assistance to Visually Impaired / Mentally Challenged Wards of
ESM : Out of Armed Forces Flag Day Fund**

- | | | | | |
|----|--|---|----------------|-------------|
| 1 | Name of Applicant | : | _____ | Photographs |
| 2. | Relationship with an Ex-servicemen | : | Son / Daughter | |
| 3. | Particulars of ESM | : | _____ | |
| | (a) Service No | : | _____ | |
| | (b) Rank | : | _____ | |
| | (c) Name | : | _____ | |
| 4 | Served in (Army/Navy/Air Force) | : | _____ | |
| 5. | I/Card No issued by ZSWO Chandigarh | : | _____ | |
| 6 | Type of disability with % age | : | _____ | |
| 7 | Name of Medical Authority declaring disability | : | _____ | |
| 8 | Date of enrolment in the defence | : | _____ | |
| 9 | Date of retirement | : | _____ | |
| 10 | Pension per month | : | _____ | |
| 11 | 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 of my wards 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 ESM Identity Card issued by ZSWO, UT Chandigarh
3. Photocopy of Medical Certificate Issued by Govt Hosp / Mil Hosp
4. Cancelled cheque of saving bank account of applicant under which Fin Asst to be paid

