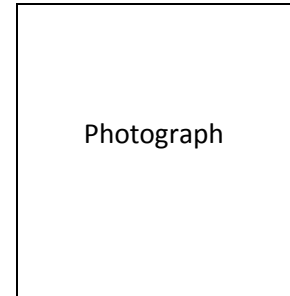


**APPLICATION FORM FOR FINANCIAL ASSISTANCE TO VISUALLY  
IMPAIRED/MENTALLY CHALLENGED CHILDREN OF EX SERVICEMEN**

1. Name of the applicant.....
2. Relationship with Ex-servicemen.....  
(Self/Wife/Son/Daughter)
3. Particulars of Ex-servicemen :-  
(a) Service No.....  
(b) Rank.....  
(c) Name.....
4. Identity Card No issued by.....  
(ZSWO Chandigarh)
5. Name of disease & .....%age of disability. ....
6. Name of Medical Authority.....
7. Served in (Army/Navy/Air Force).....
8. Date of enrolment in the defence .....
9. Date of discharge from the defence.....
10. Pension Per month.....
11. PPO No .....
12. Permanent Address.....  
.....  
.....
13. Present Address .....  
.....  
.....
14. Contact No .....



Dated :

(Signature of the applicant)

Enclosures :-

- (a) Photocopy of Discharge Book/Release Order.
- (b) Photocopy of PPO

- (c) Photocopy of Ex-servicement Identity Card issued by ZSWO Chandigarh
- (d) Birth Certificate of Wards
- (e) Medical Certificate issued by Govt Hosp/Mil Hosp