

Annexure 1

APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: MARRIAGE
(Upto Two Daughters of ESM or widows upto Havildar)

1. Name: _____ Service
No: _____
2. Rank _____ Adhar Card No

3. Present Address: _____

4. Dates: (dd/mm/yy) Enrolment: __/__/__ Discharge: __/__/__ Birth: __/__/__ Death:
__/__/__
5. Reasons for discharge: (As in Discharge
Certificate): _____
6. Character at the time of discharge: Exemplary / Very Good / Good / Fair / Bad.
7. Name of Disabled Child: _____ Nature of Disability _____
%age: _____
8. Mobile No: _____ Residence Landline
No: _____
9. (a) Pension (Basic pm for pensioners)
Rs. _____
(b) If re-employed, income there from employment : Rs.

(c) Monthly income for non-pensioners (from other sources) Rs.

10. Details of Financial Assistance received in past from KSB/RSB/ZSB(mention each type of
grant):
Name of grant _____ Amount _____, year :

11. Name of dependent daughters: (a)

(b)

12. Actual Date of Solemnization (dd/mm/yy):

11. Name and address of Bank:

12. IFSC/ NEFT Code of Bank: _____ 13. Account
No. _____
14. Additional Information if any

DECLARATION

- 16. I understand that this is a financial assistance only and I have no legal right on the amount requested for. I am entitled to marriage grant once only for marriage of two daughters.
- 17. I solemnly declare that I have not obtained any financial assistance/grant for this marriage from Govt or any other agency.
- 18. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge

(Signature of the applicant)

RECOMMENDATIONS BY ZSWO

- 19. Following original documents of ESM/Widow./Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
 - (a) Complete Discharge Certificate/book showing details of ESM/widows & children
 - (b) Age (not below 18 Yrs) proof of the daughter.
 - (c) Marriage certificate issued by Registrar of Marriages.
- 20. It is certified that the applicant has not been/ been provided any financial assistance from the State Govt or any other source.
- 21. I hereby confirm that the information furnished above is correct as per the original documents of the applicant. Hence, case is **recommended**.

Date :

Office Seal :
Dir/ZSWO

Signature :

Rank & Name:

Designation : Dy Dir/Asst