

**APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM
THE TAMIL NADU EXSERVICES PERSONNEL BENEVOLENT FUND**

Identity Card No. : _____

NR No. : _____

1.	Name of the applicant (Block letters)	:	
2.	Full postal address	:	
3.	If drawing pension, Pension Amount	:	
	Whether Service pension OR Disability pension OR Family pension	:	
	Treasury / Bank from which pension being drawn.	:	
4.	Relationship between applicant and ex-Servicemen	:	
5.	Applicant's Date of Birth and Age	:	
6.	Is the applicant employed ?	:	Yes / No
	If employed,		
	(i) Organisation in which employed	:	
	(ii) Post in which employed	:	
	(iii) Monthly salary	:	
6	(a) Employment of the ex-Servicemen after discharge from service	:	Salary : Civil Pension :

7.	Is the applicant residing in own house OR rented house?		:		
8.	Family Details		:		
Sl. No.	Name	Age	Relationship	Details of what they do	Monthly Income
9.	Grant required and its purpose		:		
(a)	If required for conducting a daughter's marriage				
	(i)	Name of daughter	:		
	(ii)	Her date of birth	:		
	(iii)	Educational qualification of daughter	:		
	(iv)	Proposed date of marriage	:		
(b)	If required for Artificial Limbs / Spectacles / Hearing Aid, etc				
	(i)	Purpose for which required	:		
(c)	If for Calamity Relief Grant details Damage due to fire, cyclone				
	(i)	Details of damages (Total house damaged, roof damaged, one side wall damaged)	:		
	(ii)	Amount required	:		

(d)	If required for Monthly Life Time Financial Assistance State whether suffering from			
	(i)	Leprosy	:	
	(ii)	Cancer	:	
	(iii)	Totally blind	:	
	(iv)	Paraplegia	:	
	(v)	Old Age	:	
	(vi)	Tuberculosis	:	
(f)	If required for any other purpose, give full details		:	

I certify that the above details are correct and true to the best of my knowledge.

I enclose the relevant documents connected with my application.

Signature of the Applicant.
OR
Left Thumb Impression

Place :

Date :

If Left Thumb Impression, details of witnesses.

Sl. No.	Name & Address	Signature
1.		
2.		

EXTRACT OF DISCHARGE CERTIFICATE / SERVICE PARTICULARS

Regimental No. :

Rank :

Name :

Unit :

Date of Enrolment :

Date of Discharge :

Cause of Discharge :

State from which enrolled :

Character :

Identification Marks :

1.

2.

Verified by me

Superintendent / Welfare Organiser

//Attested//

Deputy/Assistant Director of
Ex-Servicemen's Welfare,
..... District.