

**Annexure 1**

(Refers to Para 5 of Appendix K)

**APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: VOCATIONAL TRAINING  
(Only for Widow of ESM upto Havildar)**

1. Name: \_\_\_\_\_ Service No: \_\_\_\_\_ Aadhar No: \_\_\_\_\_
2. Rank \_\_\_\_\_ 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. Details of Vocational Training undertaken: Name of Course: \_\_\_\_\_  
(a) Name and Address of Institution: \_\_\_\_\_  
(b) Duration of training: From \_\_\_\_\_ to \_\_\_\_\_
8. Mobile No: \_\_\_\_\_ Residence Landline No: \_\_\_\_\_
9. Monthly income if employed: 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 and address of Bank: \_\_\_\_\_
12. IFSC/ NEFT Code of Bank: \_\_\_\_\_ Account No. \_\_\_\_\_
13. Additional Information if any \_\_\_\_\_

**DECLARATION**

14. I understand that this is a financial assistance only and I have no legal right on the amount requested for.
15. I have not claimed or received any amount towards above mentioned training from Govt or any other sources.
16. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge.

**Name & Relationship**  
**applicant)**

**(Signature/Thumb impression of the**

**RECOMMENDATIONS BY ZSW OFFICER**

17. Following original documents of ESM/Widow have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -
  - (a) Complete Discharge Certificate/book.
  - (b) Certificate from training institute.
  - (c) Certificate from ZSB that the widow after having undergone vocational training is gainfully employed.
  - (d) Widow I-Card.
18. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source.
19. 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 :**

**Signature :**

**Rank & Name:**

**Designation : Dy Dir/Asst Dir/ZSWO**