

(d) **Purpose for which applied** (Tick the relevant box) :-

(i) **Mobility Equipment (Amputee/Paraplegic cases only)**

- Modified Auto Scooter Modification of Car
- Wheel Chair Second Wheel Chair
(After 7 years of first issue)
- Second Modified Auto Scooter
(After 15 years of first issue)
- Motorised Wheel Chair (Only for quadriplegic cases).

(ii) **Marriage**

- Widow remarriage Daughter marriage Orphan Son's
marriage

(iii) **Modification of Bathroom**

(e) **Amount Required** _____.

Note :- (Attach relevant papers like Quotation/estimate cost/Medical Papers/Project Report/Marriage Card etc.)

3. **Details of Previous Grants** (Specify grant received from Central/State Govt/Army/DGR/ AGI/KSB or any other source including Corpus R&W Section).

| <u>Date</u> | <u>Purpose</u> | <u>Source</u> | <u>Amount</u> |
|-------------|----------------|---------------|---------------|
| | | | |
| | | | |

4. **Banker's Details**

- (a) Account number _____ (b) Name of Bank _____
- (c) IFSC Code _____ (d) Address of bank _____
- (e) Name of account holder _____

Date : _____ (Name and Signature of the soldier/NOK)

(To be filled by the Stn HQ/Nearest Army Unit/ZSB/KSB/Record Office)

Certified that particulars of No _____ Rank _____

Name _____ are recorded in his Record of Service. The soldier is living/dead as on date. The application has been scrutinized and is in order.

Station :

Date : _____ (Signature of Stn HQ/Nearest Army Unit/ ZSB/OIC Records/ OC Unit)