



Application for Financial Assistance : Serious Disease (For Non Pensioner ESM & their Widows)

Kindly fill details as per records to be incorporated as a guideline banner

Part 1

First Name :* <input type="text" value="Dhruv"/>	Middle Name : <input type="text" value="C"/>	Surname :* <input type="text" value="Darji"/>
Service Number :* <input type="text" value="D3248676"/>	Aadhar Card Number :* <input type="text" value="3543"/> <input type="text" value="4545"/> <input type="text" value="3543"/>	Rank :* <input type="text" value="-- Select Rank --"/>
Date of Enrollment :* <input type="text" value="01/03/2012"/>	Date of Discharge :* <input type="text" value="16/03/2016"/>	Date of Birth :* <input type="text" value="22/07/1983"/>
Date of Death of ESM : <input type="text"/>	Reasons for discharge(As in Discharge Certificate) : <input type="text"/>	Character at the time of discharge :* <input type="text" value="-- Select --"/>
If re-employed, income there from employment : <input type="text"/>	Monthly income for non-pensioners (from other sources) : <input type="text"/>	Select your Rajya Sainik Board :* <input type="text" value="GUJARAT"/>
Select your Zila Sainik Board :* <input type="text" value="Jamnagar"/>		

Present Correspondence Address :	Contact Details. :
House No :* <input type="text" value="C-12/66"/>	Telephone No. : <input type="text"/>
Street No. & Name :* <input type="text" value="Pushpak residency"/>	Mobile No. :* <input type="text" value="9879380079"/>
Town : <input type="text" value="Airport Road"/>	Email Id :* <input type="text" value="dhruvdarji4@gmail.com"/>
Village : <input type="text"/>	
City : <input type="text"/>	
District :* <input type="text" value="Bharuch"/>	
State :* <input type="text" value="Gujarat"/>	
Country : <input type="text" value="India"/>	
Pin Code :* <input type="text" value="280016"/>	

[Save](#)

Part 2

Is your bank account number linked with aadhar card number?

Name Of Bank Account Holder :* <input type="text" value="Nimesh parmar"/>	Bank Name :* <input type="text" value="SBI"/>	Branch Name :* <input type="text" value="Bharuch Bas Station"/>
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Account No. :*(Kindly enter your bank account number which is linked with aadhar to ensure correct payment)

<input type="text" value="4543"/>	<input type="text" value="5435"/>	<input type="text" value="4354"/>	<input type="text" value="3543"/>
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IFSC Code :* <input type="text" value="4354"/> <input type="text" value="3543543"/>	Additional Information if any : <input type="text"/>
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[Add Earlier Grant Details](#)

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Part 3

Nature of Serious Disease :* <input type="text" value="-- Select Diseases --"/>	Name and Address of Hospital :* <input type="text"/>
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Upload Scanned Document

Only pdf/jpeg/jpg/png format allowed.
Maximum 1MB allowed.

Document Name	
Complete Service Discharge Book/Documents (Page that contains ESM/Personal Particulars,Service Particulars)	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
Identity Card of ESM/Widows	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
Original medical bills duly countersigned by attending doctor	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
Hospital admission and discharge report duly countersigned by hospital authority	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
A certificate from applicant that he/she has not taken any money/grant from the State Govt or present employer in the form of reimbursement or medical allowance	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>
Details of Bank A/c No (in PNB/SBI only) and IFS Code	<input type="button" value="Browse..."/> No file selected. <input type="button" value="Upload"/>

I understand that this is a financial assistance meant for medical treatment of approved serious diseases only and I have no legal right on the amount requested for or spent by me on medical treatment. I solemnly declare that I have not received any financial assistance or grant or re-imbusement of medical expenses from Govt, current employer or any other agency. I hereby declare that the information furnished in personal application cum financial condition report is correct to the best of my knowledge.

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Legend

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* mark fields are mandatory.