**ANNEXURE-I**

**APPLICATIOIN FOR ASSISTANCE FROM THE CHIEF MINISTER’S SAINIK**

**WELFARE FUND**

1. Name of applicant :
2. Address(Village and Taluk) :
3. Name, Regimental No. Rank etc ;

Of the defence/Para military

Force personnel

1. Date of Death/missing/Disability :
2. Cause of Death/Missing/disability :
3. Relationship with the soldier :

(If the applicant is not be soldier)

(Sd/-)

Name

Place:

Date: