**ANNEXURE III**

**Application for assistance from Chief Minister’s Sainik welfare fund to the parents**

**Defence personnel killed in action**

1. Name and address of applicant :
2. Name and address of applicant spouse :

(state whether alive or not)

1. Name, Regimental Number, rank etc. of the :

Deceased defence/Para Military/GREF

Personnel

1. Relationship with the soldier :
2. Whether certificate from Revenue :

Authorities to prove that the applicant

Was the dependent of the deceased

Personnel, is produced.

Place Signature:

Date: Name: