

ANNEXURE-I
APPLICATION 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

4. Date of Death/missing/Disability :

5. Cause of Death/Missing/disability :

6. Relationship with the soldier ;
(If the applicant is not be soldier)

(Sd/-)
Name

Place:

Date: