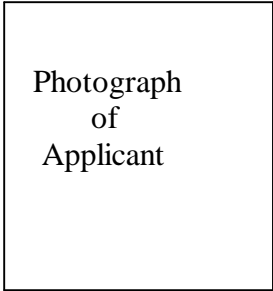


APPLICATION FOR CLAIM OF FINANCIAL ASSISTANCES FROM  
NAVY WIVES WELFARE ASSOCIATION

APPLICATION FOR FINANCIAL AID

PART - I

1. (a) Name of deceased officer/sailor  
( in Block Capitals) -----  
(b) Rank of officer/sailor at  
time of his death -----  
(c) Number of deceased officer/sailor -----  
(d) Name of applicant ( Widow) -----
2. Unit last served by the deceased officer/sailor -----
3. Date of his death -----
4. Circumstances of his death (briefly) -----
5. Whether in receipt of ordinary Family Pension/  
Special Family Pension -----
6. (a) PPO No. -----  
(b) Treasury to which Pension remitted -----
7. In case widow has married state the  
place and date of re-marriage -----
8. Present Postal Address -----  
with PINCODE -----  
-----
9. Bank/Post Office Account,if any, (with complete address and pincode)  
(Payments would be made only cross cheque/Bank drafts, Post  
Office/Bank Account would be necessary) -----



PART - II

10. Details of financial Assistance received by the widow in the past:-  
(a) Naval Headquarters  
(b) Other State/Central Government Sources
11. Were your children provided any out of turn employment by Government/Navy?
12. Do you have any serving sons in the Navy, Army, Airforce? if so, gives details of name, rank, number and address in the present unit.

PART - III

13. Certified that the information given above are complete and correct to the best on my knowledge.

Signature -----

Verification of signature/thumb impression by Panchayat President / Ward Councillor /Class I Gazetted Officer

Signed in my presence

Signature -----

Date -----

Name/Designation -----

PART IV

14. The facts given above by the applicant are correct to the best of my knowledge.

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Date -----

Signature of serving Naval officer  
or  
Secy, ZILA SAINIK BOARD