## APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM THE TAMIL NADU EX-SERVICES PERSONNEL BENEVOLENT FUND

## **FUNERAL GRANT**

			Identity Card No.	:		
			NR No.	:		
1.	Name	e of the applicant :				
2.	Full p	oostal address	:			
3.	Full permanent address :					
4.	Relationship of applicant : to the deceased ex-Servicemen		:			
5.	(i)	Age of applicant on the Date of application	:			
6.		DETAILS OF SERVICE (	OF DECEASED EX-SERVICEMEN			
Regin	nental N	No.				
Rank						
Name Unit						
Date of	of Enro	lment				
Date of	of Disc	harge				
Cause	of Dis	charge				
Chara	cter					
State	from w	hich enrolled				
7.	Detai	Details of death of Ex-Serviceman				
	(i)	Date of Death				
	(ii)	Place of Death				
	(iii)	Cause of Death				

8.	If applying after last rites					
	(i)	Nature of last rite	-	FUNERAL/B	URIAL	
	(ii)	Place where conducte	ed	-		
	(iii)	Date when conducted	l -			
9.	Family	details				
Sl.No.	Name		Age	Relation -ship	Details Month of what they do	ly Income
	I reque	est that I may kindly be	sanctic	aned the funeral	grant from Tar	nil Nadu Ex-
	I request that I may kindly be sanctioned the funeral grant from Tamil Nadu Ex-					

Services Personnel Benevolent Fund to the extent eligible.

I certify that the above details are correct and true to the best of my knowledge.

I enclose the relevant documents connected with my application.

_	1	1		
+n	C	nsi	11re	C

1.

2.

Sl.No.	Name and Address	Signature	
If Left	Thumb Impression, details of witnesses.		
Date	· :		
Place		Signature of the applicant or Left Thumb Impression	
4.	Copy of ration card		
3. area w	Death Certificate or Certificate from Panchayat member/ward councillor of the where the of Ex-Servicemen lived.		
2.	Original identity card of Ex-Servicemen.		
1.	Photo copy of the Discharge Certificate OR Particulars of Service duly attested.		

## CERTIFICATE FROM PANCHAYAT MEMBER, MUNICIPAL COUNCILLOR OF THE LOCATION WHERE EX-SERVICEMEN WAS LIVING

I Certify that the following details a	are true :-
Regimental Number of deceased ex-Service	emen :
Rank	:
Name	:
Date of Death	:
Place of Death	:
	ex-servicemen. The last rites were conducted
_	ex-servicement. The last files were conducted
as under:-	
Date :	
Place :	
	Signature
1	Name:
Office Seal	Occupation:
	Place:
	Date: