

**APPLICATION FOR REHABILITATION GRANT
TO MEDICALLY BOARDED OUT PERSONNEL**

SL NO :
(To be filled in single copy)

Part - I

(Service and personal particulars)

1. Rank:..... Name:.....
Service No.:.....
2. Date of Commission/Enrolment in the IAF.....
3. Date medically boarded out:.....
4. Total Service Years
5. Present age..... Years
6. Last unit served.....
7. Address after retirement
8. Name & Address of nearest DSS &A Board.....
9. Particulars of family and dependents :-

	Name	Age	Relationship	Occupation
1.				
2.				
3.				
4.				
10. Balance of DSOP /AFPP fund received at the time of retirement including interim payment
.....
11. Amount of Death-cum-Retirement Gratuity and AFGIS received or expected to be received
.....
12. Amount of commuted pension received / expected to be received (if any)
.....

13. Amount of pension sanctioned / expected to be sanctioned (including disability pension).....
14. Amount of encashment of leave
15. Personal savings, if any
16. Details of property and yearly income there from
17. Total (10 to 16)
18. Amount already spent and purpose for which spent (Details and proof to be attached)
19. Balance left (17-18) Rs.....

Part II

Give the following particulars in detail :-

1. Name of the project (eg. poultry farm
Dairy farm, provision shop, small scale
industry, agriculture etc give CTC of
License, permission, approval etc where
applicable.
2. Whether in possession of shop / agri-
cultural land. If so give particulars
of location, survey No etc.
3. Location of the project (Give complete
address)
4. Detailed breakdown of expenditure
(A list of items to be purchased along-
with their prices and other expenditure
for setting up the project to be attached)
5. How much of the requirement if being
financed from applicant's own resources

6. How much loan from Bank or other assistance has been obtained or proposed to be obtained (Given sources and proof thereof)

7. Amount of grant applied for

Part III

1. I, hereby, certify that all the particulars given above are correct and true and that the grounds on which I have applied for assistance are genuine. I also understand that if on investigation any of the statements made in this application are found to be false, my application may be rejected.

2. I, hereby undertake to confirm with the conditions laid down in AFO.

Place

Date

Signature of applicant

Part – IV

(Specific recommendation)

The facts represented above have been investigated and found to be correct / not correct and I recommend / do not recommend the rehabilitation grant of Rs.

Secretary Zila Sainik Board /
Commanding Officer

(Office Seal)

Place.....

Date.....