

**APPLICATION FOR CHILDREN EDUCATION ASSISTANCE
TO WIDOWS OF AIRMEN/NCs (E)**

(To be filled in single copy and forwarded to Secy, IAFBA)

Part – I

(To be filled by Applicant)

1. Service No.....Rank.....Name of Air Veteran.....
2. Date of EnrolmentDate of Death
3. Name of Applicant (Wife/ NOK).....
3. Present /Permanent Address
4. Contact No.....
5. PPO No
6. Particulars of claim:-

| Name of the Student | Class in which Studying | Name of the School/College | Tuition Fees Per Month |
|---------------------|-------------------------|----------------------------|------------------------|
| (1) | (2) | (3) | (4) |
| | | | |

I here by certify that the above information given by me is correct and that the above mentioned child/ children are not in receipt of any scholarship /assistance from any other Govt. or a non- Govt. sources.

Date

.....
Signature of Applicant

Part – II

(To be completed by School / College)

I certify that the student / students is / are not in receipt of any scholarship from Govt. or any other source.

Seal of School / College
and Date

Countersigned by the head of
the School / College

The facts mentioned in Part I have been verified and found to be correct. I recommend Children Education Assistance as per prescribed rates.

Place

Secretary Zila Sainik Board /
Commanding Officer of AF
Station / Unit

Date

(Office Seal)

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- * **Please attach photo copy of Marksheet duly attested by school Principal for the last academic year alongwith a copy of death certificate.**
 - * **Subsequent payment will be released on submission of Marksheet and Receipt/ Acknowledgement.**