



12. Details of Financial Assistance received in past from KSB/RSB/ZSB

(Name of grant \_\_\_\_\_ Amount \_\_\_\_\_, Year \_\_\_\_\_ )

**Declaration**

13. I understand that this is a grant meant for medical assistance upto Rs 30,000/- only and not a re-imburement scheme. I have no legal right on the amount requested for.

14. I hereby declare that the information furnished in personal application cum financial condition report is Correct to the best of my knowledge.

**Name & Relationship**

**(Signature/Thumb impression of the applicant)**

**RECOMMENDATIONS BY ZSW OFFICER**

15. Following original documents of ESM/Widow/Orphan have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached) :-

- (a) Complete Discharge Certificate/book.
- (b) Original medical bills/receipts countersigned by the attending doctor.
- (c) Discharge certificate/summary from the hospital and countersigned by the attending doctor.

16. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source. It is also certified that the applicant is not an ECHS member.

17. I hereby declare that the information furnished above is correct as per the original documents of the applicant. Hence case is recommended.

Date :

Signature

Office Seal

Designation :