

**PERSONAL APPLICATION CUM FINANCIAL CONDITION REPORT : VOCATIONAL TRAINING GRANT**

(Only for Widows of ESM upto Havildar)

**PERSONAL APPLICATION**

To,  
The Secretary  
Kendriya Sainik Board

1. I am \_\_\_\_\_ a pensioner/non-pensioner widow. I request for vocational training grant out of RMDF.

**Particulars of ESM**

2. Name 

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3. Service No 

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 Rank 

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4. Present Address  
\_\_\_\_\_  
\_\_\_\_\_

5. Dates (dd/mm/yy)  
Enrolment 

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 Discharge 

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 Death 

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(Strike out if not applicable)

6. **Reasons for discharge:** (As in Discharge Certificate) \_\_\_\_\_  
\_\_\_\_\_

Exemplary/Very Good/Good/Fair/Bad

7. Character at the time of discharge  
(Strike out whichever is not applicable)

8.

Name	Name of Institute	Remarks

9. Additional information if any (a) Mobile No \_\_\_\_\_ (b) Email ID \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Condition Report**

10. (a) Pension (Basic pm for pensioners) : Rs .....
- (b) Monthly income for non pensioners (from other sources) Rs .....
11. If re-employed, income there from : Rs.....

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 only and 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 have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached) :-

(a) Complete Discharge Certificate/book.

(b) Certificate from training institute.

(c) Certificate from ZSB that the widow after having undergone vocational training is gainfully employed.

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

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 :