

**APPLICATION FOR ASSISTANCE FROM THE CHIEF MINISTER'S SAINIK
WELFARE FUND**

1. Name of the applicant :
2. Address (Village & Taluk) :
3. Name, regimental No., Rank etc.
of the Defence/Para-Military
Force personnel :
4. Date of death/Missing/Disability :
5. Cause of death/Missing/Disability
with authority :
6. Relationship with the soldier
(If the applicant is not the soldier) :

(Sd.)

Name:

Place:

Date: