

ANNEXURE I

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

1. Name of applicant :
2. Address (Village and 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 :
6. Relationship with the soldier :
(If the applicant is not the soldier)
7. Account Number of the beneficiary :
8. Bank Name :
9. Branch Name & address :
10. IFSC (Indian Financial System code)
of the Bank :

Place :

Signature

Date :

Name