

**QUESTIONNAIRE FOR FINANCIAL ASSISTANCE FROM
SPECIAL FUND FOR EX-SERVICEMEN/WIDOWS**

1. Identity Card No. _____ (issued by Dept. of Sainik Welfare)
2. No. _____ Rank _____ Name _____
3. Arms/Services _____ 4. Date of Birth _____
5. Date of Enrolment _____ 6. Date of Discharge _____
7. Date of Death (if deceased) : _____
8. Reasons for leaving Service _____
9. Full Address _____

10. Service Pension including DA : _____
11. Name of Bank and Address _____

12. Account Number : _____
13. **Details of Widow (if applicable)**
 - (a) I/Card No. _____ Name of Widow : _____
Date of Birth _____
 - (b) Address : _____
 - (c) Family Pension Including DA : Rs. _____
14. Present occupation of Ex-Servicemen/Widow : _____
15. **If employed** : Name of Dept./Office : _____
16. **Other Income from**
 - (a) House/Plot _____ Sq. Mts. Rental income _____ p.m.
 - (b) Agriculture Area _____ Sq. Mts. Income _____ p.m.
 - (c) Type of self-employment _____ income _____ p.m.
 - (d) Pension from other sources _____
17. Name of the Bank and Address : _____
Account No. _____
18. **Details of Dependents** (as applicable)

<u>Name</u>	<u>Relation- Ship</u>	<u>*DOB/Age</u>	<u>Occupation</u>	<u>Salary p.m.</u>
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- 1.
- 2.
- 3.

19. Nature of problem (in brief) alongwith xerox copy of relevant documents like bills/income Certificate/medical data as required.

20. **Details of Assistance Received**

	<u>Year</u>	<u>Amount</u>	<u>From</u>	<u>To</u>
(a) Monthly assistance from Department of Sainik Welfare, Goa.	_____	_____	_____	_____
(b) Provedoria Assistance	_____	_____	_____	_____
(c) Daughter's Marriage	_____	_____	_____	_____
(d) Funeral Expenses	_____	_____	_____	_____
(e) Stipend	_____	_____	_____	_____
(f) Medical Reimbursement	_____	_____	_____	_____
(g) Any other Assistance from SF	_____	_____	_____	_____
(h) Spot payment	_____	_____	_____	_____

I hereby solemnly declare that ass information given above is true to the best of my knowledge and that nothing has been concealed. I understand that I shall forfeit any claim for any assistance from Department of Sainik Welfare, Goa in the future if found incorrect.

Signature of the ESM/Widow _____

Place :

Name of ESM/Widow : _____

Date :

RSB GOA I/Card No. _____

1. Questionnaire form be submitted by the ESM/Widow alongwith the under mentioned documents for consideration:-

- (a) Forwarding letter with brief details
- (b) Domicile certificate of the Ex-Servicemen/Widows if they are domiciled in the State of Goa or in case of domicile certificate has already been produced to this Department previously, then the residence certificate from the concerned Panchayat/ Municipality be produced alongwith the application.
- (c) In case, if Ex-servicemen is of Goan origin, the proof thereof.
- (d) The financial assistance initially provided for one year and it should be renewed every year. The renewal application should be submitted to this Department two months before expiry of financial assistance.

2. Incomplete applications/without supporting documents will be rejected without further correspondence.