

5x10250

FORMAT

Government of West Bengal  
Home (Defence ) Department

Part - I  
FORM OF APPLICATION  
for

Ex-gratia payment to Defence Service Personnel killed/ disabled/ missing in action or taken prisoner of war  
( Read the enclosed Notes/ Instruction carefully before filling up the Form )

1. Full name of the Applicant( in capital letters ) :
2. Permanent of address ( with PIN Code ) of the Applicant :
3. Rank, number and full name of the Defence Service Personnel ( herein after referred to as the "Personnel" ( in capital letters ) :
4. Category of the Personnel : I.C.O. / J.C.O. / O.R.\*
5. Date of demise, injury etc. :  
( attach attested photocopy of certificate issued by Defence Authority )
6. Percentage of disability :  
( attach attested photocopy of Medical Certificate issued by Defence Authority )
7. Details of Next of Kins of the deceased Personnel ( names, present addresses, date of birth, relationship with the personnel) : As per Part-III of Form attached.
8. Present Mailing Address ( with PIN Code) of the Applicant :
9. (a) Address ( with PIN Code) where Bank Draft is to be sent. ( Do not mention address of Bank) :
- (b) Name of the Branch of State Bank of India nearest to the address at 9(a) above on which Bank Draft is to be drawn

DECLARATION

I declare that I am\*/ the Personnel was\* resident of/ permanently domiciled in the State of West Bengal and I have not claimed/ shall not claim the grants in question from any other State/ Union Territory Government.

Date : \_\_\_\_\_

Place : \_\_\_\_\_ (Full Signature of the Applicant)

Recommended for payment of ex-gratia grant in terms of Government of West Bengal  
Resolution No \_\_\_\_\_ Dt \_\_\_\_\_

Date : \_\_\_\_\_ ( Signature with office seal of the Secretary of the concerned Zila Sainik Board. )

Part - II

[ Information regarding residential status of the affected service personnel on the date of casualty ]

10. Date and place of birth of the Personnel (Documentary proof, if any) :
11. Home address of the Personnel on the date of casualty :
- a) Residential ( Road, Mohalla, Police Station, City, District, State, PIN) -
- b) Permanent ( Road, Mohalla, Police Station, City, District, State, PIN) -
12. (a) Duration of stay of the Personnel in West Bengal with reference to the date of casualty
- (b) Particulars of stay for last 15 years with reference to the date of casualty. ( Documentary proof, if any )

Sl.No.	From	Upto	Address	Own/ Rented/ Official Qtrs.

13. Whether the Personnel or his/ her father or mother possess/ possessed any immovable property like house etc. in West Bengal or in any other state ( please give details, viz - Dag/Katian No, District, State, date of purchase etc.)
14. Any other information

Place :

Date :

Full Signature of the Applicant

Enclosures : Attested copy ( one each ) of - (1) Battle casualty certificate, (2) Death Certificate or Disability Certificate, (3) Birth Certificate, (2) Documentary proof to show - (i) continuous stay in West Bengal, (ii) own house, rented house etc., (3) Ration Card/ EPIC etc.in respect of the Personnel

Contd. - 3

Part - III

/articulars to be submitted in cases of Personnel killed/ missing or taken prisoner of war or where the personnel dies before sanction of the grant

[ Information regarding one Category - I NOK (on priority basis) and one Category - II NOK (on priority basis) of the deceased / or missing/ or POW personnel

<u>Sl No.</u>	<u>Name &amp; Present Address of the NOK</u>	<u>Date of Birth</u>	<u>Relationship with the Personnel</u>
1.			
2.			

Date :

Place :

\_\_\_\_\_ ( Full Signature of the Applicant)

**Instructions for / Notes on**  
**Filling up Form of Application for payment of Ex-gratia grant to Defence Service Personnel killed/ disabled/ missing in action or taken as prisoner of war**

1. Only the Defence Service Personnel [ i.e. the members of the Indian Armed Forces ( hereinafter referred to as the "Personnel")], who are resident of or permanently domiciled in the State of West Bengal or their Next of Kin (NOK) are eligible for applying for the grant in question
2. A single application is to be furnished for a specific case.
3. The Form is to be filled up through typing or in clear hand writing.
4. In cases of disabled personnel, the Applicant and the Personnel shall be same person.
4. Attach specimen signature, as per Format enclosed, duly attested by an I.C.O. / Gazetted / Class-I / or Group – A Officer ( Other than the Personnel when the Personnel himself / herself is an I.C.O. ). All the eligible NOKs should also furnish specimen signature as per mentioned procedure.
5. The application is to be furnished through the Secretary of the concerned Zila Sainik Board. A statement showing addresses of the offices of the Secretaries of Zila Sainik Boards in the State of West Bengal is enclosed.
6. All the eligible NOKs should also furnish the information required under SI-11 (a) & 11 (b) of the Form of Application in separate sheets duly endorsed by the Secretary of the concerned Zila Sainik Board.
7. In terms of Resolution No.194-HD, Dt-11-06-2007, the following are the eligible NOKs :
  - (a) Category-I ( in order of priority ) –
    - (i) Wife/ husband,
    - (ii) son below the age of 21 years / unmarried or widowed daughters;
  - (b) Category-II ( in order of priority ) –
    - (i) Mother,
    - (ii) Father
    - (iii) brother below the age of 21 years, unmarried and widowed sisters;
8. Intimate any change in address forthwith.

FORMAT  
for  
Specimen Signature

Number, rank and full name  
of the Defence Service Personnel :

\_\_\_\_\_  
(Specimen signature of  
applicant/ Next of Kin )

\_\_\_\_\_  
(Specimen signature of  
applicant/ Next of Kin )

\_\_\_\_\_  
(Specimen signature of  
applicant/ Next of Kin )

ATTESTED Specimen signature of (name of applicant/NOK) \_\_\_\_\_

\_\_\_\_\_ being the personnel / Next of kin of the  
personnel.

Date :

Place :

\_\_\_\_\_  
(Signature with Office Seal of an I.C.O. /  
Class - I / Group- A Officer )