

**APPLICATION FORM FOR ADMISSION TO THE  
SRI LANKA EX-SERVICEMEN'S ASSOCIATION  
VETERANS' HOME – AKURESSA.**

1. Name in full:-----  
-----

2. Address of the Present Residence: -----  
-----  
-----

3. Is the above address

Your own Residence
-----------------------

Family home
----------------

Residence of a friend /relative
---------------------------------------

Boarding /hostel
---------------------

4. \*Mark in the cage where applicable.

b. If you are not staying in your own residence or with your immediate family members give reasons:-----  
-----

5. Addresses where you resided during last 10 years with duration of stay and GS Division:

	Address	duration	GS division
a.	-----	-----	-----
b.	-----	-----	-----
c.	-----	-----	-----

5. National Identity Card Number .-----

6. (a) Date of Birth :-----

(b) Religion :-----

(c) Your age on the date of this application is made -----  
-----

7. (a) Details of service

- (i) Your Service/Regimental No: -----
- (ii) Rank/Rate held at discharge: -----
- (ii) Date of Retirement/Discharge :-----
- (iii) Reason for Retirement/Discharge:-----
- (iv) Total period of service in British Commonwealth & colonial services:-----  
-----
- (v) Total period of service in Sri Lankan armed services:-----  
-----
- (vi) If you have served in more than one armed service give the period of service in each service:
  - (a)-----
  - (b)-----
  - (c)-----
  - (d) Are you in a position to produce your Certificate of Discharge from the Armed Services? Yes/No.  
  
If no reasons:-----  
-----  
-----

**Note:** If the discharge certificate is not available letter confirming such service must be submitted to be eligible for selection

8. Are you in receipt of a monthly pension/grant for services with the British/Sri Lanka Armed Services?

Yes / No

- a. If yes. Amount:----- (Attach a supporting document)
- b. Give details of all forms of income other than pension . including income from properties, business, assistance from spouse/ partner and children

9. a. Marital status: Married / Single
- b. If Married, give year of marriage:-----
- c. Is your spouse living:-----
- d. Any regular income received by your spouse:-----
- e. If you were Married indicate present status: Separated / Divorced/ Widowed /  
Remarried / living with a partner / legally not separated but living with a paramour
- f. The year you entered such status. -----
- g. Details of dependents(spouse, unmarried children under 21 years)
- | Name       | Date of birth |
|------------|---------------|
| (i)-----   | -----         |
| (ii)-----  | -----         |
| (iii)----- | -----         |
| (iv)-----  | -----         |
10. (a) If you have children, indicate names of children, their civil status, their addresses and their employment details (if they are employed)
- (i).....
- (ii).....
- (iii).....
- (iv).....
- (v).....
- (b) If unmarried, or if married and divorced, legally separated or widowed and without children, give names and present addresses of brothers and sisters now living.
- (i)-----
- (ii)-----
- (iii)-----
- (iv)-----
- (v)-----

11. (a) Are you the legal sole owner/co-owner of any immovable/movable property? Yes /No(If yes give details):-----  
-----  
-----

12. Indicate briefly, with approximate time periods, where you were employed since you were discharged from the Armed services up to the time you are making this Application for admission to the Veterans' Home: -  
-----  
-----  
-----

13. Indicate reasons why you are applying for admission to the Veterans' Home:-----  
-----  
-----

14 Do you have any hobbies or other activity you are interested in, to involve yourself to pass time: Yes /No.  
  
If Yes give details:-----  
-----  
-----

15. Are you  
  
(a) Suffering from any chronic illness? Yes / No. If yes give details:-----  
-----  
-----

Are you taking any medical treatment for any illness? Yes / No

If yes give details:-----  
-----  
-----

(b) Are you on any medication? Yes / No. If yes give details:-----  
-----

Have you been advised to undergo periodic medical examination or treatment? Yes /No. If yes, give details:-----

Are you suffering from any medically diagnosed condition that makes it difficult to engage in any normal activities of daily life:

16. (a) If you are a Pensioner, or having other independent sources of income, are you in a position to pay SLESA a monthly full board payment of
- (i) Single room Rs...../= Yes / No
- (ii) Sharing room Rs...../= Yes / No
- (b) If you are not a Pensioner and you have no income to meet full board payment indicate how you will arrange payment:-----

17. Details of Next-of-kin:

- a. Name:-----
- b. Relationship-----
- c. Postal Address:-----
- d. Nearest Police Station:-----
- e. GS division: -----
- f. Telephone Number fixed line:-----Mobile:-----

18. Details of nominee, any person/s other than the Next-of-kin who will respond, if intimated, in case of emergency. (contact Telephone Number):

- a. Name:-----
- b. Age:-----
- c. Relationship/connection:-----
- d. Designation/Social status of the nominee:-----
- e. Postal Address:-----
- f. Nearest Police Station:-----
- g. Telephone Number: Fixed line:-----Mobile:-----

**DECLARATION BY APPLICANT**

19. I declare that the circumstances surrounding me have compelled me to seek admission to the SLESA Veterans' Home at Bolagala, Katana.

I further declare that the information given by me in this application, are true and correct.

I further declare that in the event of I am permitted to reside at Elders' Home I am willing to make a cash deposit of Rs. 20,000/- to SLESA and give my consent for the organization to incur any expense

for emergency care from said deposit which I undertake to reimburse when such expenditure is intimated to me.

I am aware that the selection for admission to the Veterans' Home will depend on the priority my circumstances receive over those of other applicants, and I will abide by the decision of the SLESA

If admitted to the Home, I agree unreservedly to adhere to the Rules and Regulations of the Home.

20. I attach the copies of following documents herewith:

- a. Completed copy of the Medical Condition certified by the Military Hospital
- b. A letter of consent by the NOK/ nominee indication his willingness to take over the responsibility and respond if intimated in case of emergency.
- c. GS Certificate
- d. Certificate of discharge or certificate from Regimental HQ

Date.....

Signature

**COMMENTS BY REGIMENTAL ASSOCIATION**

The Hony. Secretary General

Sri Lanka Ex-Servicemen's Association

The Association has interviewed the Applicant, and the Association is satisfied that he has provided adequate and correct information in his application. Having investigated his request, we find that:

.....  
.....  
.....

- The Association is satisfied that the character and conduct of the applicant is conducive to community living, and is not likely to disturb its disciplined atmosphere.
  - Not applicable if applicant is not recommended.

Date & Seal of Regimental Association.

Signature & Designation

**Declaration by the Gramasewa Niladhari / Chief Priest**

The applicant is known to me and is known to me and residing at the following address since -----

-----  
-----

Signature -----

Name of the G S / Chief Priest-----

Date-----

**REMARKS BY VETERANS' HOME COMMITTEE**

1. Date of interview: .....

2. Availability of NOK/Nominee as per Sr .No.20 and 21: Yes/NO

3. Marking scheme ;

Date of Membership SLESA (Minimum 5 Yrs.) -

Any Special Services rendered to SLESA -

Residential Address & GS and DS division -

Any other reasons for consideration -

4. Remarks by Committee : .....-----

5. Recommended / Not recommended

.....

Chairman Veterans Home

.....

Secretary Veterans Home Committee

