

## **APPLICATION FOR DEATH DONATION**

(To be filled in **BLOCK CAPITAL** letters and to hand over to the parent station TSI with all supporting documents within 14 days from the receipt of the death Donation).

### **SECTION 'A' TO BE FILLED BY THE APPLICANT:**

1. No: ..... Rank: ..... Name & Initials: .....
2. Parent Station: ..... Section: .....
3. Marital Statues: Married/Unmarried
4. Particulars of the deceased:
  - a. Date of Birth: ..... NIC No: .....
  - b. Died on : ..... Death Certificate No: .....
  - c. Relationship to the applicant: .....
5. Death Donation Requested Reference:.....
6. Authority Granted Reference:.....
7. I hereby declare that, as a member of the SLAF CW&R Fund, I have not made any claims from the above fund in respect of the said deceased previously and bears the closest relationship to the deceased.
8. I hereby give my consent to the Commander of the Air Force to recover in full, any sum paid to me as death donation along with 20% interest from my pay if the details furnished by me are found to be incorrect or if I fail to submit the necessary documents within 14 days from the date of the death or if I fail to inform authorities of my inability to do so due to reasons beyond my control.

Date: .....

.....  
Signature  
No: .....  
Name: .....  
Rank: .....

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### **SECTION 'B' TO BE FILLED BY THE APPLICANT'S PARENT STATION P2/P3 OFFICER:**

I hereby confirm that the applicant is a member of the SLAF CW&R Fund and the details submitted at section 'A' here above is correct as per the records available, I further confirm that, the applicant is eligible/not eligible for the death donation.

Date: .....

.....  
Signature  
.....  
Name: .....  
Rank: .....  
OFFICER I/C P2/P3

**SECTION 'C' TO BE FILLED BY THE CMDT/BASE CMDR/CO OF THE STATION EFFECTING PAYMENT:**

I confirm that, I have ascertained the veracity of the facts stated in this application.

Death donation of Rs. .... is recommended/not recommended.

Date: .....

.....  
Signature  
Name: .....  
Rank: .....

**SECTION 'D' : TO BE FILLED BY THE TREASURER CW&R FUND**

Reimbursement cheque No: ..... for Rs. ....  
Forwarded to SIF ..... on ..... Details of the deceased were entered in his/her personal records.

Date: .....

.....  
Signature  
Rank: .....  
Name: .....  
**TREASURER CENTRAL WELFARE  
& REHABILITATION FUND**

**SECTION 'E' REMARKS BY THE DIRECTOR WELFARE:**

I confirm that, the procedure adopted in recommending this death donation is in Order/not in order. Payment of Rs. .... as the death donation is recommended/Not recommended.

Remarks:

.....

Date: .....

.....  
**DIRECTOR WELFARE**

**SECTION 'F' TO BE FILLED BY THE COMMAND AUDIT OFFICER:**

1. I have verified the recommendation made by the approving committee for payment of Rs. .... to Service No : ..... Rank: ..... Name: ..... as a death donation in respect of the death of ..... and confirm that, the payment is in order.

2. It is confirmed that, all entries pertaining to this payment have been made in the relevant registers.

Date: .....

.....  
Signature  
Name: .....  
Rank: .....  
**COMMAND AUDIT OFFICER**

**RECEIPT FOR THE ADVANCE OF DEATH DONATION**  
**(TO BE FILLED IN BLOCK CAPITALS)**

1. No: ..... Rank ..... Name & Initials:.....
2. Parent Unit: ..... Section:.....
3. Station Marking Payment: .....
4. Married Status: Married/Unmarried
5. Particulars of the Deceased:
  - a. Name of the Deceased:.....
  - b. Date of the Birth:.....
  - c. National Identity Card of the Deceased:.....
  - d. Relationship to the Applicant:.....
6. I ..... hereby declare that:
  - a. I am a member of the Air Force Central Welfare & Rehabilitation Fund.
  - b. The particulars entered above are correct.
  - c. I have made no claims from the death donation fund in respect of the deceases previously.
  - d. I undertake to submit duly filled death donation application and all necessary documents within 14 days of the receipt of the death donation advance.
  - e. I do give consent to the Commander of the Air Force to recover the whole sum of the death donation along with 20% interest as the death donation advance from my salary, if I do not furnish required document as I have undertaken in para 6 (d) above.

Date: .....

.....  
(Applicant's Signature)

No: .....

Rank: .....

Name:.....

**SECTION 'B' TO BE SIGNED BY THE CMDT/BASE CMDR/CO OF THE APPLICANT:**

Advance payment of the above death donation is approved/not approved.

Date: .....

.....  
Signature

Name: .....

Rank: .....

CMDT/BASE CMDR/CO