

RESTRICTED

APPLICATION FORM FOR FINANCIAL ASSISTANCE

DETAILS OF THE MEMBER

1. Membership No
2. Svc. Number:
3. Rank:
4. Name with Initials:.....
5. Full Name:
.....
6. Branch/Trade:.....
7. Enlisted Date:.....
8. Total Service:.....
9. Gender: Male ☐ Female ☐
10. NOK Address:.....
11. Date of Birth: Date Month Year
12. NIC No:
13. Contact Details of the Member/Beneficiary
Home:.....Mobile:.....Section:.....

DETAILS OF THE BENEFICIARY

14. Full Name:.....
15. Relationship to the Member:
16. Date of Birth: Day Month Year
17. Marital Status (children only): Married ☐ ☐ Unmarried

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CLAIMING CATEGORY

18. Indicate the relevant category.

Accidental Death	
Natural Death	
Total permanent disability	
Partial permanent disability	
Critical illness	
Death Donation of Parents	

19. Brief description of the condition

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SUPPORTIVE DOCUMENTS

20. Please attach the following documents as applicable.

Document	Attached	Not attached
Death certificate		
Marriage certificate		
Birth certificate in case of unmarried member and children		
Clinical Diagnosis card		
Other Medical Reports		

21. I hereby certify that all the details furnished by me are true to the best of my knowledge and nothing has been concealed which is relevant to this request for financial assistance.

22. I undertake to refund the assistance if it is found at any stage that it was obtained on basis of information known to be false or misrepresentation of true facts along with the interest at the prevailing interest rate as applicable.

Place:

Date:

.....
(Signature of the Applicant)

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REMARKS BY MEDICAL OFFICER

23. The documents submitted by the above named applicant are satisfactory/not satisfactory to confirm the critical illness mentioned below.

Diagnosis:

24. I have personally examined the above applicant/beneficiary and his disability and the percentage of disability is mentioned below.

CATEGORY	DISABILITY	PERCENTAGE OF DISABILITY
TPD		
PPD		

25. According to the Death certificate the cause of death is due to a Disease/Accident.

Date:

.....
(MEDICAL OFFICER)

RECOMMENDATION OF CMDT/BASE CMDR/CO

Recommended/Not recommended

Date:

.....
(CMDT/BASE CMDR/CO)

RECOMMENDATIONS BY THE FUND MANAGER

26. Recommended category of payment:

27. Recommended amount:

28. Not Recommended due to following reasons:.....
.....
.....

Date:

.....
Name:
Rank:
FUNDMANAGER
GVS WELFARE SCHEME