

To

Rehabilitation and Welfare (Corpus)
Directorate of Indian Army Veterans (DIAV)
Adjutant General's Branch
Integrated Headquarters of Ministry of Defence (Army)
104 Cavalry Road, Delhi Cantt -110010

PASSPORT SIZE
PHOTOGRAPH OF THE
CHILD

APPLICATION FORM FOR EDUCATION GRANT TO WARDS OF BATTLE CASUALTY CASES
ACADEMIC YEAR 2021-22

PART I : PARTICULARS OF SOLDIER

1	ARMY NUMBER																			
2	RANK																			
3	NAME																			
4	REGIMENT/ UNIT																			
5	DATE OF DEATH (DDMMYYYY)																			
6	NAME OF OPERATION																			

PART II : PARTICULARS OF APPLICANT

6	NAME OF NOK	MRS	MR																	
7	RELATION WITH DECEASED																			
8	PPO NUMBER (attach copy)																			
9	HOME ADDRESS																			
	(a) HOUSE No																			
	(b) VILLAGE																			
	(c) POST OFFICE																			
	(d) DISTRICT																			
	(e) STATE																			
(f) PINCODE																				
10	CONTACT NUMBER																			
11	BANKER DETAILS																			
	(a) ACCOUNT HOLDER																			
	(b) ACCOUNT NUMBER																			
	(c) IFS CODE																			
	(d) NAME OF BANK																			
	(f) ADDRESS OF BANK (attach cancelled cheque showing name of account holder)																			
(g) Whether Pension Account										Yes						No				

21. I understand that DIAV may be required to share my particulars and those of the child with the donor. I hereby give my consent for same.

Date : _____

(Signature of Next of Kin)

PART II : PARTICULARS OF CHILD

12	NAME																			
13	SEX	MALE			FEMALE															
14	DATE OF BIRTH (DDMMYYYY)																			
15	RELATIONSHIP WITH DECEASED (attach supporting document)																			
16	EDUCATION ENTITLEMENT CARD attached				Yes			No												
17	CLASS PASSED																			
18	ACADEMIC YEAR																			
19	UNIVERSITY/ BOARD/ INSTITUTE																			
20	PERCENT/ CGPA																			
21	METHOD OF INSTRUCTION				REGULAR			CORRESPONDANCE												
22	LEVEL OF EDUCATION				POST GRADUATION			INTEGRATED PG COURSE												
23	PAN NUMBER (if held)																			

CERTIFICATE FROM INSTITUTE/ COLLEGE

Certified that Miss/Master _____
Son/Daughter of _____ is a bonafide student of
class/course _____ in this College/ Institute during the
academic year _____. Tuition fee for the academic session _____

was Rs _____ only. (attach copy of the receipt/ mark sheet)

Place :

Date : _____

(Sinature and stamp of Principle/ Dean)

Note :-

1. Last date of submission of application is 30 Nov every year.
2. The following documents are to be submitted for education grant :-
 - (a) Application form duly countersigned by the Principal of the school/institute.
 - (b) Invoice/ bill of Computer purchased.
 - (c) Copy of the service booklet showing details of wards.
 - (d) Copy of PPO
 - (d) A cancelled cheque/copy of front page of bank passbook.
3. Application forms and guidelines can be downloaded at www.indianarmyveterans.gov.in.