

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



APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR MODIFICATION OF BATHROOM

PART I : PARTICULARS OF SOLDIER

1	ARMY NUMBER											
2	RANK											
3	NAME											
4	REGIMENT/ UNIT											
5	DATE OF BIRTH											
6	DATE OF ENROLEMENT/ COMMISSION											
7	TYPE OF INJURY (Attach proof)											
8	CERTIFICATE FROM MILITARY MEDICAL AUTHORITY											
9	DATE OF INVALIDMENT (if applicable)											
10	MEDICAL CATEGORY (Final)											
11	PPO NUMBER (attach copy)											
12	HOME ADDRESS											
	(a)	HOUSE No					MOHALLA					
	(b)	VILLAGE										
	(c)	POST OFFICE										
	(d)	DISTRICT										
	(e)	STATE										
	(f)	PINCODE										
13	CONTACT NUMBER											
14	AADHAAR NUMBER											

PART II : PARTICULARS OF HOUSE

15	ADDRESS OF THE PROPERTY WHERE BATHROOM WILL BE MODIFIED (Attach trace/ map from revenue authority)											
16	NAME OF OWNER OF THE PROPERTY											
17	RELATIONSHIP WITH THE SOLDIER											
18	SHARE OF THE SOLDIER IN PROPERTY											
19	AMOUNT REQUIRED (Rs) (Attach estimate)											
20	BANKER DETAILS											
	(a)	ACCOUNT HOLDER										
	(b)	ACCOUNT NUMBER										
	(c)	IFS CODE										
	(d)	NAME OF BANK										
	(f)	ADDRESS OF BANK (attach cancelled cheque showing name)										
	(g)	Whether Pension Account										
		Yes					No					

CERTIFICATE

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

Place :

Date : _____

(Signature)

RECOMMENDATIONS OF CO/ ZSWO

22. Application submitted by No_____Rank_____Name_____

for financial assistance for modification of bathroom has been vetted by this office. The case is

Recommended/ Not Recommended.

Place :

Date : _____

(Signature)