

ANNEXURE – III

The Secretary
Indian Naval Benevolent Association
Naval Headquarters
A-124, Sena Bhawan
New Delhi – 110 011

REQUEST FOR FINANCIAL ASSISTANCE FROM INBA

Dear Sir,

1. I submit for the consideration of the Indian Naval Benevolent Association, a request for financial assistance in the form of a grant in order to meet an emergent requirement which I am presently not in a position to meet from my own resources.
2. Details of my financial status and nature of my requirement are submitted in Parts I and II of the application form.

Yours faithfully

Place : _____

Date : _____

Application form for Grant from INBA
(FOR USE BY EX-NAVAL PERSONNEL/THEIR DEPENDENTS)

1. PARTICULARS OF APPLICANT

- (a) Name of the Applicant : _____
- (b) Age : _____
- (c) Address : _____

- (d) Quantum of Assistance : _____
- (e) Nature of Requirement : _____

2. DETAILS OF EX-SERVICEMAN OR APPLICANT

- (a) Name in Full : _____
- (b) Rank : _____
- (c) Relationship with Applicant : _____
- (d) Date of Commission/Enrolment : _____
- (e) Date of Retirement/Discharge : _____
- (f) Date and cause of Disability/
Death : _____
- (g) Is Disability/Death attributable : Yes/No
or aggravated to service
- (h) Physical Condition of the Applicant : _____

3. DETAILS OF FAMILY/DEPENDENTS

S.NO	NAME	AGE	SEX	RELATIONSHIP	Profession &	School/College and Class
.						

					Individual Income	Studying

PART – II

PRESENT FINANCIAL STATE OF APPLICANT

4. MONTHLY INCOME FROM ALL SOURCES

- (a) Rate of Monthly Service/Family Pension including Relief : _____
- (b) Income from Business/Commercial Activity, if any : _____
- (c) Income from rented Property House/Farm etc. : _____
- (c) If currently employed:-

NAME & ADDRESS OF EMPLOYER	CAPACITY IN WHICH EMPLOYED	TOTAL EMOLUMENTS INCLUDING ALLOWANCES

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5. Previous Loans/Grants from INBA : _____

I certify that to the best of my knowledge and belief all the answers I have given to the above questions are true and my application is in every way a genuine and bonafide one.

Place : _____

Date : _____

Signature of Applicant

CAUTION

Any wrong declaration or concealment of facts may adversely affect consideration of application and may debar you from any further assistance/financial help. In your own interest please fill details correctly.

CHECK LIST :

Kindly enclose certified true copy of the following certificate/documents as applicable.

- (i) Pension Pay Order
- (ii) Discharge Certificate
- (iii) Medical Bills (in original if not claimed from Kendriya Sainik Board) for specialized medical treatment facilities for which are not available in service hospitals and a copy of referral of service hospital.
- (iv) Death Certificate of Pensioner
- (v) Wedding card as proof of marriage of children of deceased pensioner.
- (vi) Bonafide Studentship Certificate for assistance for handicapped children.