

From

The Secretary,
Haryana Defence and Security
Relief Fund Committee,
Sainik Bhawan, Sector 12,
Panchkula.

To

All the Secretaries,
Zila Sainik Boards in Haryana.

Memo No. 74/1/2D II/Repair-construction/2004.
Dated Panchkula the 31 March, 2006

Subject: Financial assistance to war widows, 100% disabled ex-servicemen and war mothers for construction / repair of their Houses - Enhancement of Income ceiling.

1. In continuation of this office letter of No. 74/1/2D II/Repair Const./2004, dated 30 June 2004 on the subject noted above.
2. As per decision taken in the the 28th Meeting of Haryana Defence and Security Relief Fund Committee held on 7th Feb. 2006 under the chairmanship of Hon'ble Chief Minister Haryana, it was decided that income ceiling for financial assistance to be given at the time of construction/repair of houses to the war widows/100% disabled ex-servicemen/war mother be enhanced from Rs. 36,000/- to Rs. 75,000/- p.a. from all sources. These instructions will be implemented w.e.f. 7.2.2006.
3. The terms/conditions already issued for repair/construction will remain the same.

sd/-
Secretary,
Haryana Defence and Security
Relief Fund Committee

APPLICATION FORM FOR GRANT OF FINANCIAL ASSISTANCE TO WAR WIDOWS AND DISABLED EX-SERVICEMEN FOR REPAIR/CONSTRUCTION OF THEIR HOUSE UNDER ITEM NO. 20/8 OF HARYANA DEFENSE 7 SECURITY RELIEF FUND.

1. Name of war widow/war disabled ESM
(To include No. Rank & Unit).
2. Permanent residential address.
3. Operation year in which killed/disabled
(include date and year)
4. Disability with type of injury.
5. Size of family of applicant
(together with ages of family members)
6. Land holding.
7. Income of applicant from all source.
8. Details of House/Houses possessed by the applicant
9. Total estimate of the repair/construction.
10. Amount and purpose of grant required for.

Note :- Please attach the following documents :-

1. Attested copies of discharge certificate of ex-servicemen/and service particulars of the husband of war widows.
2. Certificate of ownership of plot/house by sarpanch/WO & Secy, ZSB.
3. Approved CTC of map from NAC/Municipal Committee if the work is being carried out in their limits.

Verification by Welfare Organiser

It is certified that Smt./Shri _____ Widow
of _____ resident _____ of
village _____ P.O. _____ Teh. _____ Distt. _____
_____ has his/her own house/plot at village _____ and estimated
cost of repair/construction will be Rs. _____.

Signature of Welfare Organiser
Name of Welfare Organiser
Zila Sainik Board

Verification by Secretary, Zila Sainik Board.

It is certified that I have personally verified the particulars submitted by
the applicant as also the verification report submitted by welfare organizer and found
these correct. The war widow/war disabled ex-servicemen (Name) _____
o village _____ is a fit case for grant of Rs. _____
(not exceeding Rs. 10000/-)

Signature
Secretary,
Zila Sainik Board.

ANNEXURE – B

UTILISATION CERTIFICATE

It is certified that I have utilized Rs. _____ for the
repair/construction of my house situated at village
_____ P.O. _____ Teh. _____ Distt _____.

(Name in capital letter)

After verification it is certified that Smt./Shri
_____ Widow of _____ Rank _____ resident
of
village _____ P.O. _____ Teh. _____ Distt. _____
_____ has utilized the amount for the purpose it was granted vide your office
Memo No. _____ dated _____.

Secretary,

ZSB _____

UTILISATION CERTIFICATE

I, (named below) do hereby solemnly declare that the amount of financial assistance as per the details given against my name, has been received by me on the date shown below. I further declare that the amount of financial assistance so paid to/received by me has been utilized for the same purpose for which it has been granted to me out of the war bereaved and disabled special Relief Fund administered by Kendriya Sainik Board, Ministry of Defence, New Delhi:-

Sr.No.	No.,Rank (Name of the applicant alongwith full address of the payee	Financial assistance received by me from Kenriya Sainik Board		Utilised for the purpose.
		Amount	Date of receipt	
(a)	(b)	(c)	(d)	(e)

Signature payee/recipient	Particular with name and address of village Pardhan verifying the correctness.	Confirmation of welfare officer.	Remarks
(f)	(g)	(h)	(i)

Countersigned by

Tehsildar/Secretary
Zila Sainik Board

(SEAL)