

FINANCIAL ASSISTANCE TO 100% DISABLED CHILD OF ESM

1. **Background.** The Ex-Servicemen (ESM), like all men in society, are also prone to misfortunes. In an unfortunate event of his child born deformed or later disabled due to accident / natural causes / disease, his capacity to deal with the misery is comparatively lower than the others in the society. In such a scenario, it is the responsibility of the organisation to assist ESM in looking after his disabled child and provide them some help to resettle in life. The scheme to provide financial assistance to those ESM who are without any other source of income and in a state of penury, was started in 2007 with an amount of Rs 500/- per month. This rate was last revised on file in Oct 2011 with an amount of Rs 1,000/- per month.
2. **Aim.** The aim of this aid gratis is to provide a small measure of relief to 100% disabled children of ESM.
3. **Financial Assistance.** For the disabled child out of AFFD Fund will be provided at a rate of Rs.1000/- per month payable on monthly basis during the financial year.
4. **Eligibility Conditions.** The following criteria must be fulfilled:-
 - (a) Child must be a legitimate offspring of ESM/Widow.
 - (b) ESM should be of the rank of Havildar/equiv of the Navy/Air Force and below.
 - (c) The child should be 100% disabled.
 - (d) Should not be in receipt of any disability benefit from any official agency.
 - (e) Should be recommended by respective Zila Sainik Board (ZSB).
5. **Application.** Application should be made on the prescribed application form with recommendation of Zila Sainik Welfare Officer (ZSWO) on it. *A specimen application form is placed at Annexure 1 to this document.* Copies of the following documents duly attested by ZSWO must accompany the application:-
 - (a) Photocopy of Discharge Book (must have entry regarding child).
 - (b) ESM and Dependent Identity Card issued by ZSB.
 - (c) 100% disability certificate issued by Military / Govt hospital.
 - (d) Details of Bank A/c No (in PNB/SBI only) and IFS Code
6. **Channel of Application.** The application must be submitted by an eligible ESM / widow at his or her respective ZSB by 31st Dec of the year. The ZSWO will scrutinize the application and if found correct in all respects will forward (a hard copy as well as in digital format) it through his RSB to KSB by 31st Jan of the year for further processing and the case to be considered in the current financial year.

7. **Processing at KSB Sectt.** On receipt in the Welfare Section, the AFFDF applications will be filed in order of receipt in batches of 200 each. The Section-in-Charge will assign this file to a particular clerk who will enter the desired data from applications onto the computer. Another clerk will be designated to check correctness of the entries. The Section-in-Charge will verify the same and put up the printed list for approval of JD(Welfare). Such applications pertaining to AFFDF will be moved for sanction of the competent authority in one lot, preferably on quarterly basis.

8. **Payment Procedure.** After the application has been approved, the same will be processed for payment in batches of 200 applications by the Welfare Section. After verifying the service number, name, bankers, IFS Code and account number, the Welfare Section will forward the batch list to Accounts Section for payment, which will make the payment directly via ECS or by an account payee cheque.

9. **Subsequent Grant.** Disabled Child Grant, once approved, stands for the duration of eligibility. However, every year a %Life Certificate+ (as per the format attached) and %Disability Certificate+ on the Govt prescribed format, need to be submitted through the respective ZSB by 15 Jan for the grant to be continued in the next financial year. **All the cases of renewal will be put up to JD (Welfare) by 01 Mar, who will in turn obtain the sanction of the Secy, KSB for continuation of the financial assistance during next financial year.**

10. The financial assistance is non-transferable and will cease automatically upon death of the beneficiary. It is the responsibility of ZSB to inform KSB Sectt regarding death of a beneficiary.

11. website(www.desw.gov.in)

Annexure 1

APPLICATION FOR FINANCIAL ASSISTANCE FROM KSB: DISABLED CHILD (For Disabled Children of Havildar & Below ESM having 100% Disability)

1. Name: _____ Service
No: _____
2. Rank _____ Adhar Card No

3. Present Address:

4. Dates: (dd/mm/yy) Enrolment: __/__/__ Discharge: __/__/__ Birth: __/__/__ Death:
__/__/__
5. Reasons for discharge: (As in Discharge
Certificate): _____
6. Character at the time of discharge: Exemplary / Very Good / Good / Fair / Bad.
7. Name of Disabled Child. _____ Nature of Disability _____
%age: _____
8. Mobile No: _____ Residence Landline
No: _____
9. (a) Pension (Basic pm for pensioners)
Rs. _____
(b) If re-employed, income there from employment : _____ Rs.

(c) Monthly income for non-pensioners (from other sources) Rs.

10. Details of Financial Assistance received in past from KSB/RSB/ZSB(mention each type of
grant):
Name of grant _____ Amount _____, year :

11. **Name and address** of Bank:

12. IFSC/ NEFT Code of Bank: _____ 13. Account
No. _____
14. Additional Information if any

DECLARATION

15. I understand that this is financial assistance only and I have no legal right on the amount requested for.

16. I solemnly declare that I am not drawing disability grant or assistance from Govt or any other source for the above mentioned child.

17. I hereby declare that the information furnished in personal application is correct to the best of my knowledge.

applicant)

(Signature of the

RECOMMENDATIONS BY ZSB

18. Following original documents of ESM/Widow have been personally checked by ZSW Officer (Photocopies attested by ZSWO are attached): -

- (a) Dependent Identity Card issued by ZSB.
- (b) Complete Discharge Certificate/book showing details of ESM/widow and child.
- (c) 100% disability certificate issued by military/civil Govt hospital.
- (d) ESM/widows I Card.

19. It is certified that the applicant has not been provided any financial assistance from the State Govt or any other source in respect of above mentioned disabled child.

20. I hereby confirm that the information furnished above is correct as per the original documents of the applicant. Hence, case is **recommended**.

Date :

Office Seal :
Dir/ZSWO

Signature :

Rank & Name:

Designation : Dy Dir/Asst

Annexure 2

LIFE CERTIFICATE FOR 100% DISABLED CHILD OF ESM/WIDOW
(To be submitted in January each year through ZSB)

It is hereby certified that 100% disabled person
_____ S/O Ex Serviceman/Widow

No: _____

Rank: _____ Name: _____

Service: **Army/Navy/Air Force**

Date of Birth: _____

Signatures of Individual
Individual

Thumb impression of

is alive and present before me today.

Place: _____

Signature: _____

Rank & Name: _____

Date: _____

Designation: Asst Dir/Dy Dir/Secy

ZSB

Office Seals
Distt. _____

Office: _____

(Certificate can be issued by AD / DD/JD / Secretary of respective ZSB)