

**DIRECTORATE OF SAINIK WELFARE (ANALGAMATED FUND) VIKAS**  
**BHAVAN, THIRUVANANTHAPURAM**

**APPLICATION FOR STIPEND TO EX.SERVICEMEN ATTEND ONE**  
**PROFESSIONANY, VOCATIONAL/TECHNICAL COURSES FOR THE YEAR**

**PART I**

1. Name & Address of the application (indicate Rank & No and contact telephone No.) :
2. Identity card No. of the ex-servicemen :
3. Age and date of birth :
4. Date of discharge :
5. Whether re-employed after retirement, If so, the details :
6. Educational / Technical qualifications acquired. :
7. Annual income of the ex-servicemen from all sources (attach original income certificate issued by the village officer) :
8. Course details: -
  - a. Name of institution :
  - b. Course in which attending :
  - c. Total duration of the course :
  - d. date on which joined :
  - e. date of relief :
  - f. whether attested copy of course certificate or course completion certificate or mark sheet/list attached :
9. Stipend received under the scheme previously – details :

PART II: (to be filled in by the Head of the institution)

(i) Name & Address of the institution :

(ii) Course in which the applicant attended  
and period of study :

(iii) State whether the applicant has completed  
the course :

(iv) Details of fee received from the applicant:

Place:

Date:

(Office seal)

Signature

Name & Designation of the  
Head of the institution

**RECOMMENDATION OF THE ZILA SAINIK WELFARE OFFICE**

I have checked the particulars given in the application and found that the ex-servicemen is eligible for stipend under the scheme NOT eligible for stipend on the following reasons: -

Place:

Date:

(Office seal)

Zila Sainik Welfare Officer

**SANCTION ORDER**

Sanctioned a sum of Rs. \_\_\_\_\_ /- (Rupees \_\_\_\_\_  
\_\_\_\_\_ Only) as stipend. The applicant is not eligible for stipend on the following  
reasons. \_\_\_\_\_

Place:

Date:

(Office seal)

Director Sainik Welfare &  
Secretary Amalgamated Fund

**PAYMENT ORDER**

Paid a sum of Rs. \_\_\_\_\_ /- (Rupees \_\_\_\_\_  
\_\_\_\_\_ ) By cash/cheque (No \_\_\_\_\_  
& date \_\_\_\_\_ ) in full payment.

Received Rs. \_\_\_\_\_

Signature and name of  
the applicant with date

**COUNTERSIGNATURE.**

Date:

Signature  
Zila Sainik Welfare Officer