

SAINIK PARIVAR KALYAN NYAS

Site -11, Plot No. 8, West Patel Nagar, New Delhi-110008

PH: 011-25881856/ 45093460, Email- abpsp@gmail.com

Website -www.abpsp.org

APPLICATION FORM

FOR GRANT OF FINANCIAL AID FOR COACHING CLASSES/ TRAINING PROGRAMMES

PART – A

Details of Ex-Serviceman

1. No., Rank and Name.....
.....
2. Trade / Group.....
3. Unit last served in.....
4. Arm / Corps / Service.....
5. Date of Retirement / Release / Discharge (Attach a copy of PPO).....
6. Complete address and Tel No (In Capital Letter)
.....
.....
7. Designation if any (at PSSP State/Prant/Distt level).....
8. No. of dependent children with their names, age & gender.....
(Attach dependency certificate as issued by pensioning authority)
9. Special category if any (Please delete whichever is in applicable)
 - A. Widow of an ESM (Killed in action /died whilst in service (attributable/ Not attributable to military service)/ deceased with Service Pension.
 - B. ESM – Medical boarded out of service (attributable/ not attributable to military service).

NOTE:- MINIMUM ONE YEAR OF MEMBERSHIP IS REQUIRED IS TO BE ELIGIBLE FOR FINANCIAL AID.

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PART –B

Details of beneficiary child

1. Name.....
2. Date of birth.....
3. Last Examination passed & year (copy of the certificate issued by the Education Board/ mark sheet to be attached).....
4. Coaching class/ Training attended / undergone with full details.....
(Attach certificate from the head of the coaching/ training institution)
5. Name and address of the Institution where coaching/ training programme was attended.....
.....
.....
6. Duration of the Course/Programme.....
7. Coaching class/ Training fee details.....
(Attach a receipt (copy) issued by the institution)
8. Any other information.....

“Certified that the above information is true complete and that nothing has been concealed.”

Signature of the Child

Signature of the Ex-Serviceman (ESM)
(Responsible to check correctness of the above details)

Remarks by the General Secretary/President

1. Contribution(s) of the ESM towards the Organisation (ABPSSP/PSSP).
 - I.
 - II.
 - III.
2. Assessment of the the State General Secretary/President about the ESM.

	(✓) Please tick as applicable
Outstanding	
High Average	
Average	
Low Average	

3. Certified that the contents of this application have been checked for the truthfulness by me and I recommend / do not recommend the applicant for financial help.

Place:
Date:

Signature
Gen Secretary/President..... (State) PSSP
Affix Rubber stamp