

**APPLICATION FOR SPECTACLES/DENTURE/HEARING AID GRANT**  
**(APPLICABLE TO THOSE WHO ARE NOT MEMBERS OF ECHS)**

**Part – I**

1. Name of Ex-Servicemen/widow -
2. Identity Card No. -
3. Name of husband (in case of widow)-
4. Present occupation -
5. Present address with Pin code -
  
6. Phone No. or Contact No. if any -
7. Grant for which applied - **Spectacle/Denture/Hearing Aid**
8. Following documents enclosed in original -
  - a) Prescription of doctor
  - b) Bill for spectacle/Denture/Hearing aid

**Declaration by the Ex-Servicemen/widow**

- a) I have actually undergone the above treatment and the expenditure as per the above bill has been incurred.
- b) I have not preferred similar claim before.
- c) I am not member of ECHS.
- d) The statements made above are true and correct. I fully understand that if any information furnished above is found false or incorrect, my claim is liable to be rejected summarily.

Place :

Signature or Left Thumb Impression  
of Ex-Serviceman/Widows

Date :

**Part – II**

10. Application of Ex/Mrs \_\_\_\_\_ for spectacle/  
Denture/Hearing Aid grant has been checked and found correct. The applicant  
is eligible for this grant of Rs. \_\_\_\_\_

(or)

Application of Ex/Mrs \_\_\_\_\_ for Spectacle/Denture  
/Hearing Aid grant has been checked and the following discrepancies are  
found:-

a)

b)

**Superintendent**

**Cashier**

11. Remarks of Director:-

**Director**

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**PART -III**

Received cheque bearing No. \_\_\_\_\_ dated \_\_\_\_\_ drawn  
from Pondicherry State Co-Op Bank for Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_  
\_\_\_\_\_ )

Place :

Signature or Left Thumb Impression  
of Ex-Serviceman/Widows

Date :