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

PART -III

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

Place :

Date :

Signature or Left Thumb Impression
of Ex-Serviceman/Widows