

**CLAIM FORM FOR POCKET MONEY TO EX-SERVICEMEN
SUFFERING FROM TUBERCULOSIS, LEPROSY OR CANCER FROM
THE TAMIL NADU EX-SERVICES PERSONNEL BENEVOLENT FUND**

Month and Year for which the claim is made :

Name of the sanatorium/ Leprosium/
Government Hospital :

Pocket Money Claim at Rs.per day as under :-

Sl.No.	Regtl. No. and unit in which served	Rank,	Name	Date of admission	Amount claimed
(1)	(2)	(3)	(4)	Days	Amount

Total

- Certified
- (1) All the patients listed above belong to Tamil Nadu as verified from the Military Discharge Certificate
 - (2) No patient in the above list is in receipt of pocket money from any other source.

Ref No. & Date :
Station :

Signature of
Superintendent of
the Hospital

To
The Assistant Director,
Ex-Servicemen Welfare Office,
----- District