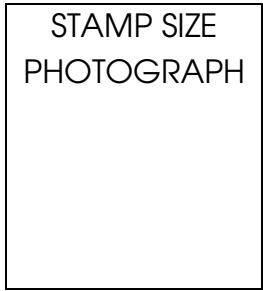


APPLICATION FOR ISSUE OF IDENTITY CARD FOR EX-SERVICEMEN

- 1. Number_____
- 2. Rank_____
- 3. Name_____
- 4. Regiment/Corps_____
-
- 5. Father's
Name_____
- 6. Address_____
- _____
- Tehsil or Police
Station_____Tele_____
- 7. Date of Birth_____
- 8. Date of Enrolment_____
- 9. Date of Discharge_____
- 10. Amount of Pension (a) Service pension
Rs._____
- (b) Disability Pension
Rs._____
- (c) Percentage of
Disability_____
- 11. Discharge Book No. &
Date_____
- 12. P.P.O.No. & Date

- 13. Identification
Mark_____
- 14. Left Thumb Imperssion



DECLARATION

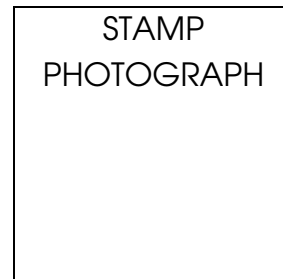
I hereby declare that the particulars given above are tru to the best of my knowledge and belief.

Date _____

Place _____

(Signature of the Applicant)

REGISTRATION FORM FOR EX-SERVICEMEN



- 1. Number _____
- 2. Rank _____
- 3. Regiment/Corps _____
- 4. Name _____
- 5. Father's Name _____

6. Educational Qualification :

Civil _____ Service _____

7. Decoration _____ 8.Character _____

9. Address _____

_____ Tehsil or Police Station

_____ Tele _____

10. Religion _____ 11. Caste _____

12. Details of family (wife , only dependent children up to 25 years and dependent parents)

Name	Age	Relationship
Educational Qualification		

- I.
- II.
- III.
- IV.
- V.
- VI.
- VII.
- VIII.

13. Date of Birth _____ 14. Date of Enrolment _____

15. Date of Discharge _____ 16. Reasons for Discharge _____

17. Amount of Pension :

a. Service Pension

Rs. _____

b. Disability Pension Rs.

c. Percentage of Disability

18. Lump sum payment Received :

a. Gratuity Rs. _____ b. Group Insurance Rs.

c. Leave encashment Rs. _____ d. Financial assistance

Rs. _____

19. Commuted Pension Rs. _____

20. Discharge Book No. & date _____

21. PPO No. & Date _____

22. Present Occupation & monthly income

Service Rs. _____ Business/Industry

Rs. _____

Agriculture Rs. _____ Un-employed

23. Other relevant information , if any

24. Identification Marks

25. Left Thumb Impression

DECLARATION

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date : _____

Place : _____

FOR OFFICE USE

Status as Ex-serviceman Yes/No

No. & Date of Identity Card Issued _____

Date : _____

Place : _____

(signature Zilla Kalyan Officer/ Kalyan Evam Punarvas
Officer/secretary ZSB with office stamp & date)

