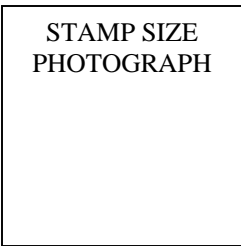


**APPLICATION FOR ISSUE OF IDENTITY CARD FOR WIDOWS/WAR WIDOWS OF
EX-SERVICEMEN**

1. Name of the applicant _____
2. Date of Birth/Age _____
3. Address _____



- Tehsil or Police Station _____ Tel. : _____
4. Wife of late _____
 5. Service particular of husband (a) No. _____
(b) Rank _____ (c) Date of Birth _____
(d) Date of enrolment _____ (e) Date of Death _____
(f) Discharge Book No. & Date _____ (g) PPO No & Date _____
 6. Death details of husband :
War/Operation in which died _____
Attributable _____
Non Attributable _____
After Retirement _____
 7. Pension received Ordinary family Special family
Pension Rs _____ pension Rs _____
Liberalized special family pension Rs. _____
 8. Identification Marks _____
 9. Left Thumb Impression _____

DECLARATION

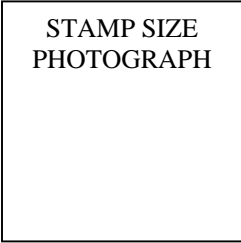
I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date: _____
Place _____

(Signature of the Applicant)

REGISTRATION FORM WIDOWS/WAR WIDOWS OF EX-SERVICEMEN

- 1. Name _____
- 2. Date of Birth/Age _____
- 3. Address _____



Tehsil or Police Station _____ Tel. : _____

4. Particulars of husband

No. _____ Date of enrolment _____
Rank _____ Date of discharge _____
Name _____ Discharge Book No. & Date _____
Decoration _____ Regt/Corps _____ PPO No. & Date _____

5. Details of husbands Death:

War/Operation _____ Attributable _____
Non Attributable _____ After Retirement _____

6. Details of family (only dependent Children upto 25 Yrs and dependent parents of deceased ex-servicemen)

Name	Age	Relationship	Educational Qualification
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- i)
- ii)
- iii)
- iv)
- v)
- vi)
- vii)
- viii)

7. Amount of family pension Ordinary Rs. _____ Special Rs. _____
Liberalised special family pension Rs. _____

8. Lump Sum Payment Received:
(by her & husband)

Gratuity Rs. _____ Group Insurance Rs. _____

Encashment of leave Rs. _____ Financial Assistance Rs. _____

Commuted Pension Rs. _____

9. Present Occupation and monthly income

Service Rs. _____ Business/Industry Rs. _____

Agriculture Rs. _____ Un-employed _____

10. Other relevant Information, if any _____

11. Identification Mark: _____

12. Left thumb Impression: _____

DECLARATION

I hereby declare that the above information is true to the best of my knowledge and belief.

Date: _____

Place: _____

(Signature of the Applicant)

FOR OFFICE USE

STATUS AS WIDOW: Yes/No

Category: War Widow _____

Attributable _____

Non Attributable _____

After Retirement _____

No. & Date of identity Card Issued: _____

Date _____

Place _____

(Signature Zila Kalyan Officer/Kalyan
Evam Punarvas Officer/Secretary
ZSB with office Stamp & Date)