

**Government of Andhra Pradesh
Department of Sainik Welfare**

Registration Form (Ex-Servicemen)

(Photograph)

Application Date		ID No. Allotted	
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1. Personal Details

Name							
Father's Name							
Date of Birth		Category	<input type="checkbox"/> OC	<input type="checkbox"/> BC	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> Others
Religion	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim	<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jain	<input type="checkbox"/> Others	
Identification Marks	1.						
	2.						
Address							
	Phone		Mobile				
Police Station							
Education Details (Both civil and service)	Qualification	Subjects / Trades		Year of Passing	Class / Division / Grade		
Physical Attributes	Height (in feet)		Weight (in Kgs.)		Chest (in inches)		
	Eye Sight		Disability, if any				
Languages Known	1.				<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	2.				<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	3.				<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	4.				<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	5.				<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

2. Family Details (Wife, dependent children up to 25 years and dependent parents only)

Sl. No.	Name	Relationship	Age (Years)	Education
1.				
2.				
3.				
4.				
5.				
6.				
7.				

3. Service Details			
Name of the Force	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force	Regiment / Corps	
Rank		Service No.	
Date of Enrollment		Date of Discharge	
Decorations		Character	
Reasons for Discharge			
Discharge Book No.		Date	

4. Details of Retirement Benefits				
PPO No.		Date		Pension Amount (Rs.)
Pension Category	<input type="checkbox"/> Service Pension <input type="checkbox"/> Disability Pension			Percentage of Disability
Group Insurance (Rs.)		Financial Assistance (Rs.)		Gratuity (Rs.)
Leave Encashment (Rs.)		Commuted Pension (Rs.)		

5. Details of Present Occupation & Income					
Present Occupation	<input type="checkbox"/> Service <input type="checkbox"/> Business / Industry <input type="checkbox"/> Agriculture <input type="checkbox"/> Un-employed				
Present Monthly Income		Whether Employment Assistance Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Employment		Expected Salary (per month)			
Willing to Work Anywhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Location		
Previous Employment Record	Sl. No.	Name of the Employer	Period of Employment	Worked As	Pay / Income Per Month
	1.				
	2.				
	3.				
	4.				
	5.				

6. Any Other Information

7. Applicant's Undertaking			
I hereby declare that all the information furnished above is true to the best of my knowledge and belief. In case of any discrepancies, I will be held responsible.			
Applicant's Signature		Applicant's Left Thumb Impression	

List of Enclosures to be Attached to the Registration Form	
Sl. No.	Documents
1.	Xerox copy of the Discharge Book
2.	Xerox copy of the Pension Payment Order (PPO)
3.	One latest photograph
4.	Xerox copies of the certificates related to educational qualifications