

REGISTRATION FORM EX-SERVICEMEN

1. Number _____ 2. Rank _____ 3. Regt/Corps _____

4. Name _____

5. Father's Name _____

6. Educational Qualification :

Civil _____ Service _____

7. Decoration _____ 8. Character _____

9. Address

10. Religion _____ 11.
Caste _____

12. Details of family (wife only dependent children upto 25 years and dependent parents)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Educational</u>
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Qualifications
i)
ii)
iii)
iv)
v)
vi)
vii)
viii)

13. Date of Birth _____ 14. Date of Enrollment _____

15. Date of Discharge _____ 16. Reason 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. and date _____ 21. PPO NO. and 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 :

(Signature of the Applicant)

FOR OFFICIAL USE

Status as ex-Servicemen Yes/No

No. & date of Identity Card Issued _____

Date :

Place :

(Signature of Zila Sainik Kalyan Officer/
Secretary, ZSB with office stamp & date)

REGISTRATION FORM WIDOWS/WAR WIDOWS OF EX-SERVICEMEN

1. Name _____
2. Date of Birth/age _____
3. Address _____

Teh or Police Stn. _____ Tele _____
4. Particular of Husband :
No. _____ Date of enrollment _____
Rank _____ Date of discharge _____
Name _____ Discharge book No. & date _____
Decoration _____ Regt/Corps _____ PPO NO. & date _____
Religion _____ Caste _____
5. Details of Husband's 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)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Educational Qualification</u>
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			
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. _____

Commutated 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 APPLICANT)

FOR OFFICE USE

STATUS AS WIDOW : YES/NO

APPLICATION FOR ISSUE OF IDENTITY CARD FOR EX-SERVICEMEN

1. Number _____ 2. Rank _____
3. Name _____
4. Regt/Corps _____
5. Father's Name _____
6. Address _____

- Teh. Or Police Station _____ Tele _____
7. Date of Birth _____
8. Date of Enrollment _____
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 _____ PPO No. & Date _____
12. Identification Mark _____

DECLARATION

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

Date :

Place :

(Signature)

**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 _____

- Teh. Or PS _____ Tele _____
4. Wife of late _____
5. Service Particulars of husband (a) No. _____
(b) Rank _____ (c) Date of Birth _____
(d) Date of enrollment _____ (e) Date of death _____
(f) Discharge book _____ (g) PPO No. and date _____
No. and dte
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. _____
Liberalised special family pension Rs. _____
8. Identification Mark _____

DECLARATION

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

Date :

Place :

(Signature of applicant)