APPLICATION FOR ISSUE OF IDENTITY CARD FOR EX-SERVICEMEN
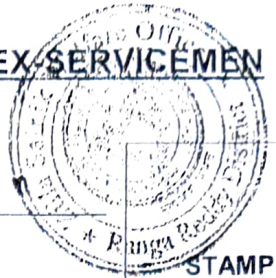
1. Number _____ 2. Rank_____

3. Name _____

4. Regiment / Corps _____

STAMP SIZE PHOTOGRAPHS

5. Father's Name _____

6. Address : H.No. _____

    Village _____Post_____ Police Station _____

    Mandal_____ District _____ State _____

    Mobile No._____ E-mail ID:- _____.

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 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)

(P.T.O)

LIST OF EXTRA DETAILS

Mobile No._____ E-mail ID:- _____

1. Ex-Servicemen / Widow of ESM Aadhar Card No. _____
   Family Member Aadhar Card No's   1). _____
                                               2). _____
                                               3). _____

2. Pensioner - Yes / No   If yes 1). Military   2). Civil   3). Both   (Put Tick Mark)

3. Disability   - Yes / No   If yes What Percentage. _____

4. Bank Details : - Bank Name : _____ Branch Name: _____
   A/c No:_____IFSC Code: _____

5. Are you working? - Yes / No , If yes Organization Name. _____
   Place of working _____ Salary _____

6. Are you Need Employment Assistance - Yes / No   If yes
   What is your Qualification :   (Military)_____ (Civil) _____
   (Attach Proof Qualification).
   Salary Expected _____ Which type of Employment _____

7. ECHS Card No. _____
   Family Member's ECHS Card No's 1). _____ 2). _____

8. CSD Card No. _____ Other Family Member's CSD Card No. _____

9. Liquor Card No. _____

10. Land (Dry / Wet) allotted - Yes / No,   If yes
    Survey No. _____ & _____ Year of allotment
    Allotted Village _____ Mandal _____ District _____

11. House plot allotted -   Yes / No,   If yes
    Survey No. _____ & _____ Year of allotment
    Allotted Village _____ Mandal _____ District _____

REQUIRED DOCUMENTS FOR ISSUE OF IDENTITY CARD

1). Passport Size Photographs   -   4 No's

2). Discharge Book / Service Particulars Original + (One Copy of Xerox).

3). Pension Book / Pension Payment Order + (One Copy of Xerox).

4). Aadhar & ECHS Cards (All Family Members Copy of Xerox).

5). Bank A/c Pass Book First Page with Xerox Copy).

REGISTRATION FORM EX-SERVICEMEN

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

4. Name _____

5. Father's Name: _____

6. Educational Qualifications

   Civil _____ Service _____

STAMP SIZE PHOTOGRAPHS

7. Decoration _____ 8. Character: _____

9. Address H.No. _____

   Village _____ Post _____ Police Station _____

   Mandal _____ District _____ State _____

   Mobile No. _____ E-mail ID:- _____

10. Religion _____ 11. Caste _____

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

	Name	Age	Relationship	Educational Qualification
i).				
ii).				
iii).				
iv).				
v).				

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 _____

(P.T.O).

18. Lumpsum Payment Received:

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

    (c). Leave encashment Rs. _____ (d). Financial Assistance Rs. _____

19. Communicated 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 of 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:_____   (Signature of Applicant)

Place:_____

FOR OFFICE USE

Status of Ex- Serviceman   Yes/ No

No. & date of Identity Card Issued _____

Date:_____

Place:_____

                               (Signature of Zilla Sainik Welfare Officer)
                                      With Office Stamp & Date