



**CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE**



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. _____

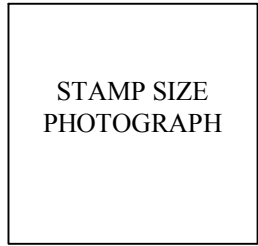
(c) Percentage of Disability _____

11. Discharge Book No & Date _____

12. P.P.O. No & Date _____

13. Identification Mark _____

14. Left Thumb 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)