



**CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE**



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

1. Name of Applicant _____

2. Date of Birth / Age _____

3 Address _____

STAMP SIZE
PHOTOGRAPH

Tehsil or Police Station _____ Tele _____

4 Wife of Late _____

5. Service particulars 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

Rs. _____ Rs. _____

Liberalised special family Pension Rs. _____

8. Identification Mark _____

9. 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 the Applicant)

Place:- _____