



**CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE**



REGISTRATION FORM EX-SERVICEMEN

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

4. Name _____

5. Father's Name _____

6. Educational Qualification

Civil _____ Service _____

7. Decoration _____ 8. Character _____

9. Address _____

Tehsil or Police Station _____ Tele _____

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) _____	_____	_____	_____
vi) _____	_____	_____	_____
vii) _____	_____	_____	_____
viii) _____	_____	_____	_____

13. Date of Birth _____ 14. Date of Enrolment _____

15. Date of Discharge _____ 16. Reason of Discharge _____

17. Amount of Pension (a) Service Pension Rs. _____

(b) Disability Pension Rs. _____

(c) Percentage of Disability _____

STAMP SIZE
PHOTOGRAPH



**CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE**



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 & Date _____ 21. PPO No & Date _____

22 Present occupation & monthly income

Service Rs. _____ Business / Industry Rs. _____

Agriculture Rs. _____ Un-employed Rs. _____

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: _____

(Signature of Applicant)

Place _____

FOR OFFICE USE

Status as Ex-Servicemen

Yes / No

No and Date of Identity Card Issued _____

Date _____

Place _____

**(Signature of Zila Kalyan Officer / Kalyan
Evam Punarvas Officer / Secretary
ZSB with office Stamp & date)**