



**CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE**



**INDENT FOR PURCHASE OF AFD CATEGORY – I ITEMS BY
ENTITLED RETIRED PERSONNEL**

PART-I

Name of Indenter (IN BLOCK LETTERS) : _____

Rank (Last Held) : _____

Personal Number : _____

Unit where last employed : _____

Whether the applicant is in receipt of pension or retention fees from the defence service estimates, if so:-

i) Amount of Pension Sanctioned : _____

ii) Detail of pension book : _____

iii) Period which retention fee sanctioned : _____

iv) Auth. Under which retention fee sanctioned : _____

v) Present Address : _____

vi) Permanent Address : _____

vii) Details of item Applied for : _____

viii) Draft No. : _____

PART-II CERTIFICATE FROM THE INDENTOR

Certified that

1. I am entitled to avail canteen facilities from the service canteen terms of AD109/72
2. The item applied is required for myself and my family use.
3. I have not purchased the item from the CSD during the part three/five years. (strike out whichever is not applicable)
4. I undertake not to sell it within a period of one year from the date of purchase.

Signature of Indentor

Date:

Name _____

Rank _____



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PART – III

The particulars given above No _____ Rank _____ Name _____
_____ are correct

Date:- _____

Signature of the Certifying Authority with name, rank and seal of unit /Station HQ

Note:

1. The Certificate in Part-III should be countersigned by the officer commanding of the unit where the applicant last served or the local station Headquarters (Zila Sainik Board in case of officers and JCO's only).
2. Payment will be accepted only through Bank Draft on “**Canteen Stores Department Public Fund A/c (Main)**” payable at the place of Depot concerned. Abbreviation like CST should not be used.
3. Please ensure to produce your Identity Card / Pension Book / Payment Order / Discharge Certificate at the time of booking and collection

To

Area Manager
CSD Depot
Ambala Road,

AUTHORITY FOR COLLECTION OF AD CATEGORY ITEM

1. I, No _____ Rank _____ Name _____
hereby authorize _____ to collect AFD item category I, i.e. Index No.
_____ Name of item _____ on my behalf from your Depot as per
indent enclosed duly complete.
2. Specimen signature of nominee duly authorised are appended below:

(Signature of Indenter)