



CHANDIGARH ADMINISTRATION
ZILA SAINIK WELFARE OFFICE



REGISTRATION FORM FOR RE-EMPLOYMENT
ZILA SAINIK WELFARE OFFICE, UT, CHANDIGARH

Regt/ Corps _____	Trade _____
Regn No. _____	Date _____
Service No _____	Rank _____
Name _____	Father's Name _____
Date of Birth _____	Date of Enrollment _____
Date of Discharge _____	Character _____
Gen/SC/OBC _____	Med Cat _____
Gun Licence _____	Holding Gun _____
Id Card No _____	Driving Licence _____
H.No _____	Sector / Mohalla _____
Village _____	Chandigarh Tel No _____
Qualification _____	
Special Course / Qualification _____	
Computer Literacy _____	
Job Preference	a) _____
	b) _____
	c) _____
	d) _____

Signature of Applicant