

**SWATANTRATA SAINIK SAMMAN PENSION SCHEME
APPLICATION FORM**

PART- I PERSONAL PARTICULARS

1. Name of Applicant: _____
(In Block Letters)

2. Address: _____

3. Age of Applicant : _____
(if the applicant is dependent)

4. Name of Freedom Fighter
(if the applicant is dependent) _____

5. Relationship of the applicant to _____
the Freedom fighters

6. Address of Freedom Fighter _____

7. Nationality: _____

8. Occupation: _____

9. Name of the dependent family _____
members, their age and relationship

to the applicant family includes _____
mother, father widower, widow

(if she is not remarried) and unmarried _____
daughters.

10. Whether he or she is receiving
pension from the State Government _____

under the State Scheme, if so amount

Place :

Signature of Applicant.

Date:

**PART II PARTICULARS OF SUFFERING UNDERGONE DURING THE
FREEDOM STRUGGLE.**

11.

i) IMPRISONMENT

a) Details of the case in which
tried and awarded the imprisonment _____

b) Name and place for the court
which tried the case and awarded _____
punishment.

c) Sentenced Awarded _____

d) Actual Period of imprisonment
suffered _____ From _____ To _____

Evidence:

i) Court Judgement _____

ii) Jail Certificate _____

iii) Co-Prisoners Certificate _____

ii) Underground _____

iii) Exterment _____

iv) Interment _____

a) Type of evidence produced partial or
full e.g. courts records, warrants of arrest
declaration as absconder etc.

b) Interment Orders _____

Date of Orders _____

Date of lifting _____

If no evidence ,partial or full is available from official record whether suffering
at (ii) or (iv) is supported by certificates from permanent freedom fighters, if
so, name of the certificates state of which he belongs particulars of jail
suffering under by him.

v) loss of job/mean of livelihood

type of evidence produced.

i) Officials records in support of dismissal

ii) Whether Re-employed after independence,
details of Post Independence Service.

Note: Jobs could refer to jobs in Govt. or in Local Bodies such as District
Boards and Municipalities.

vi) Loss or Property Confiscation

i) details to be supported by evidence from official records

ii) whether any compensation was paid by the State Government after
Independence.

vii) Permanent incapacitation

Type of Evidence to be produced.

(a) Certificate from the District Magistrate

that permanent incapacitation was done

to bullet injury/ lathi charge sustained

during participation in the Freedom Struggle.

(b) Medical certificate from the Civil surgeon

in support of Handicap.

viii) Martyrdom:

Evidence from records I support of

having been killed during police firing or

in case of INA fin action killed/ War Front.

12) In case of EX- INA/ Personal only;

whether Military or Civilian category

if military type Evidence required.

i) Discharge Certificate

ii) Whether classified as Black or Grey.

iii) Record office better/ showing Forfeited pay and allowance

If Civilian:

a) On Co-Prisoner certificate in the /form affidavit/ from a Freedom Fighter Prisoner.

b) Movement order

13) Any other relevant information which the applicant would like to furnish.

14) If the applicant is member of the Schedule Caste/
Schedule Tribe (A certificate from the District
Magistrate should be attached.)

Place :

Signature of Applicant.

Date: