

**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 \_\_\_\_\_