

DECLARATION

As required vide Army HQ's dt. no. A/100651/09.B (X of A) dt 07/07/1998)

Ex.No. _____ Rank _____ Name _____
hereby declare that I have been shifted permanently from district _____
my new and old home addresses are as under: -

NEW HOME ADDRESS

OLD HOME ADDRESS

H.No.-----

H.No.-----

Street/ Village:-----

Street/Village:-----

Post Office:-----

Post Office:-----

Police Station:-----

Police Station:-----

Tehsil:-----

Tehsil:-----

District :-----PIN-----

District :-----PIN-----

State:-----

State:-----

NRS:-----Kms-----

NRS:-----Kms-----

Mob No. -----

I am enclosing my discharge certificate Serial No. _____ for necessary amendment of home address is requested to submit my declaration along with my discharge certificate to my records i.e. _____ after verification by your office and my old Zilla Sainik Welfare Officer _____.

To,
The Zilla Sainik Welfare Officer,

SIGNATURE OF THE INDIVIDUAL

REMARKS OF THE ZILLA SAINIK WELFARE OFFICER

The New Home Address of the individual has been verified and found correct and it is recommended that the same may pleased be amended in his discharge certificate.

Above declaration along with discharge certificate of the individual is submitted to Zilla Sainik Welfare Officer _____ in triplicate for his verification and onward submission to records _____ for necessary amendment in discharge certificate under intimation to this office.

Lr. No. _____

Dated : _____

ZILLA SAINIK WELFARE OFFICER (NEW)

Lr. No. _____

Zilla Sainik Welfare Officer,

Date: _____

To,
The Officer – In – Charge,

Records _____

Sub:-Change of Home Address in r/o _____

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On verification, it is noticed that the above named individual has permanently been shifted from his old address and it is recommended that his NEW ADDRESS may be changed in his discharge certificate of the individual. The Declaration along with discharge certificate of the individual is forwarded herewith for necessary amendment in the discharge certificate and early return of the same to Zilla Sainik Welfare Office.

ZILLA SAINIK WELFARE OFFICER (OLD)

Copy to :-

Zilla Sainik Welfare Officer,

CHANGE OF HOME ADDRESS

- 1). Declaration form(available with Office) -4- Copies
- 2). Residential Certificate issued by Tahsildar, Mandal Revenue Office concerned Mandal -4-Copies.
- 3). Copy of Discharge Book. -2- copies

With in District

- 1). Declaration form(available with Office) -2- Copies
- 2). Residential Certificate issued by Tahsildar, Mandal Revenue Office concerned Mandal -2-Copies.
- 3). Copy of Discharge Book. -2- copies