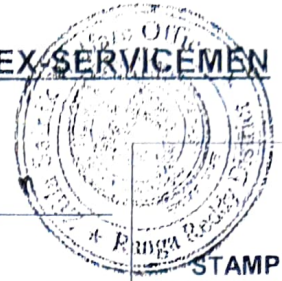


**APPLICATION FOR ISSUE OF IDENTITY CARD FOR EX-SERVICEMEN**



STAMP SIZE  
PHOTOGRAPHS

1. Number \_\_\_\_\_ 2. Rank \_\_\_\_\_
3. Name \_\_\_\_\_
4. Regiment / Corps \_\_\_\_\_
5. Father's Name \_\_\_\_\_
6. Address : H.No. \_\_\_\_\_  
Village \_\_\_\_\_ Post \_\_\_\_\_ Police Station \_\_\_\_\_  
Mandal \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
Mobile No. \_\_\_\_\_ E-mail ID:- \_\_\_\_\_
7. Date of Birth \_\_\_\_\_
8. Date of Enrolment \_\_\_\_\_
9. Date of Discharge \_\_\_\_\_
10. Amount of Pension      a). Service Pension Rs. \_\_\_\_\_  
                                      b). Disability Pension Rs. \_\_\_\_\_  
                                      c). Percentage of Disability \_\_\_\_\_
11. Discharge Book No. & Date \_\_\_\_\_
12. P.P.O.No., & Date \_\_\_\_\_
13. Identification Mark \_\_\_\_\_
14. Left Thumb Impression \_\_\_\_\_

**DECLARATION**

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Signature of the Applicant)

(P.T.O)

## LIST OF EXTRA DETAILS

Mobile No. \_\_\_\_\_ E-mail ID:- \_\_\_\_\_

1. Ex-Servicemen / Widow of ESM Aadhar Card No. \_\_\_\_\_  
Family Member Aadhar Card No's  
1). \_\_\_\_\_  
2). \_\_\_\_\_  
3). \_\_\_\_\_
2. Pensioner - Yes / No If yes 1). Military 2). Civil 3). Both (Put Tick Mark)
3. Disability - Yes / No If yes What Percentage. \_\_\_\_\_
4. Bank Details : - Bank Name : \_\_\_\_\_ Branch Name: \_\_\_\_\_  
A/c No: \_\_\_\_\_ IFSC Code: \_\_\_\_\_
5. Are you working? - Yes / No , If yes Organization Name. \_\_\_\_\_  
Place of working \_\_\_\_\_ Salary \_\_\_\_\_
6. Are you Need Employment Assistance - Yes / No If yes  
What is your Qualification : (Military) \_\_\_\_\_ (Civil) \_\_\_\_\_  
(Attach Proof Qualification).  
Salary Expected \_\_\_\_\_ Which type of Employment \_\_\_\_\_
7. ECHS Card No. \_\_\_\_\_  
Family Member's ECHS Card No's 1). \_\_\_\_\_ 2). \_\_\_\_\_
8. CSD Card No. \_\_\_\_\_ Other Family Member's CSD Card No. \_\_\_\_\_
9. Liquor Card No. \_\_\_\_\_
10. Land (Dry / Wet) allotted - Yes / No, If yes  
Survey No. \_\_\_\_\_ & \_\_\_\_\_ Year of allotment  
Allotted Village \_\_\_\_\_ Mandal \_\_\_\_\_ District \_\_\_\_\_
11. House plot allotted - Yes / No, If yes  
Survey No. \_\_\_\_\_ & \_\_\_\_\_ Year of allotment  
Allotted Village \_\_\_\_\_ Mandal \_\_\_\_\_ District \_\_\_\_\_

### REQUIRED DOCUMENTS FOR ISSUE OF IDENTITY CARD

- 1). Passport Size Photographs - 4 No's
- 2). Discharge Book / Service Particulars Original + (One Copy of Xerox).
- 3). Pension Book / Pension Payment Order + (One Copy of Xerox).
- 4). Aadhar & ECHS Cards (All Family Members Copy of Xerox).
- 5). Bank A/c Pass Book First Page with Xerox Copy).

-3-  
**REGISTRATION FORM EX-SERVICEMEN**

1. Number \_\_\_\_\_ 2. Rank \_\_\_\_\_ 3. Regiment / Corps \_\_\_\_\_

4. Name \_\_\_\_\_

5. Father's Name: \_\_\_\_\_

6. Educational Qualifications  
Civil \_\_\_\_\_ Service \_\_\_\_\_



7. Decoration \_\_\_\_\_ 8. Character: \_\_\_\_\_

9. Address H.No. \_\_\_\_\_  
Village \_\_\_\_\_ Post \_\_\_\_\_ Police Station \_\_\_\_\_

Mandal \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail ID:- \_\_\_\_\_

10. Religion \_\_\_\_\_ 11. Caste \_\_\_\_\_

12. Details of family (wife, only dependent children upto 25 years and dependent parents).

| Name  | Age | Relationship | Educational Qualification |
|-------|-----|--------------|---------------------------|
| i).   |     |              |                           |
| ii).  |     |              |                           |
| iii). |     |              |                           |
| iv).  |     |              |                           |
| v).   |     |              |                           |

13. Date of Birth \_\_\_\_\_ 14. Date of Enrolment \_\_\_\_\_

15. Date of Discharge \_\_\_\_\_ 16. Reasons for Discharge \_\_\_\_\_

17. Amount of Pension :-  
a). Service Pension Rs. \_\_\_\_\_  
b). Disability Pension Rs. \_\_\_\_\_  
c). Percentage of Disability \_\_\_\_\_

(P.T.O).

18. Lumpsum Payment Received:  
(a). Gratuity Rs. \_\_\_\_\_ (b). Group Insurance Rs. \_\_\_\_\_  
(c). Leave encashment Rs. \_\_\_\_\_ (d). Financial Assistance Rs. \_\_\_\_\_
19. Communicated Pension Rs. \_\_\_\_\_
20. Discharge Book No. & date \_\_\_\_\_ 21. PPO No. & Date \_\_\_\_\_
22. Present Occupation & monthly income  
Service Rs. \_\_\_\_\_ Business / Industry Rs. \_\_\_\_\_  
Agriculture Rs. \_\_\_\_\_ Un-employed \_\_\_\_\_
23. Other relevant information, if any \_\_\_\_\_
24. Identification of Marks \_\_\_\_\_
25. Left Thumb Impression: \_\_\_\_\_

**DECLARATION**

I hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date: \_\_\_\_\_

(Signature of Applicant)

Place: \_\_\_\_\_

**FOR OFFICE USE**

Status of Ex- Serviceman Yes/ No

No. & date of Identity Card Issued \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(Signature of Zilla Sainik Welfare Officer)  
With Office Stamp & Date