

**APPLICATION FOR ISSUE OF IDENTITY CARD FOR WIDOW /
WAR WIDOWS OF EX-SERVICEMEN**



**STAMP SIZE
PHOTOGRAPHS**

1. Name of the applicant _____
2. Date of Birth / Age _____
3. Address : H.No. _____
Village _____ Post:- _____
Tehsil Or Police Station _____ Mandal _____
District _____ State _____
Mobile No. _____ E-mail ID: _____
4. Wife of late _____
5. Service Particulars of husband (a). No. _____
(b). Rank _____ (c). Date of Birth _____
(d). Date of enrolment _____ (e). Date of death _____
(f). Discharge Book No & date _____ (g) PPO No & Date _____
6. Death details of husband.
War / Operation in Which died _____
Attributable _____
Non Attributable _____
After retirement _____
7. Pension received Ordinary family Special family
Pension Rs. _____ Pension Rs. _____
Liberalized special family pension Rs. _____
8. Identification Mark _____
9. Left Thump 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)

REQUIRED DOCUMENTS FOR ISSUE OF WIDOW OF ESM 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). For NON Pensioner's – Family Members Certificate Issued by Thasildhar (Or)
Certificate from the Corporator of that area
- 4). Aadhar & ECHS Cards (All Family Members Copy of Xerox.
- 5). Pension Bank A/c Pass Book First Page / Cheque - Xerox Copy
- ⑥ exSM old I' card
- ⑦ exSM Death certificate

REGISTRATION FORM - WIDOW / WAR WIDOWS OF EX-SERVICEMEN

1. Name _____

2. Date of Birth / Age _____

3. Address : H.No. _____

Village _____ Post _____

Tehsil or Police Station _____ District _____

Pin. Code _____ State _____

Mobile No. _____ E-mail ID: _____

PHOTO

4. Particulars of Husband:-

No. _____ Date of Enrolment _____

Rank _____ Date of Discharge _____

Name _____ Discharge Book No.&date _____

Decoration _____ Regt/Corps _____ PPO.No.&Date _____

Religion _____ Caste _____

5. Details of husband's

War / Operation _____ Attributable _____

Non Attributable _____ After retirement _____

6. Details of family (only dependent Children upto 25 Yrs and dependent parents of deceased ex-servicemen).

Name	Age	Relationship	Educational Qualification
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i).

ii).

iii).

iv).

7. Amount of family pension Ordinary Rs. _____ Special Rs. _____

Liberalised special family pension Rs. _____

8. Lumpsum Payment Received:

Gratuity Rs. _____ Group Insurance Rs. _____

Encashment of leave Rs. _____ Financial Assistance Rs. _____

Communicated Pension Rs. _____

9. Present Occupation & monthly income

Service Rs. _____ Business / Industry Rs. _____

Agriculture Rs. _____ Un-employed _____

10. Other relevant information, if any _____

11. Identification of Mark _____

12. Left Thumb Impression: _____

DECLARATION

I hereby declare that the above information is true to the best of my knowledge and belief.

Date: _____

(Signature of Applicant)

Place: _____

FOR OFFICE USE

STATUS AS WIDOW

Yes / No

Category

War Widow _____

Attributable _____

Non Attributable _____

After Retirement _____

No. & date of Identity Card Issued _____

Date: _____

Place: _____

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