

REGISTRATION FORM WIDOWS/WAR WIDOWS OF EX-SERVICEMEN

1. Name of widow _____

2. Date of Birth/Age _____

3. Address _____

4. Particulars of Husband :-

No _____ 2. Rank _____ 3. Name _____

Date of Enrolment _____ Date of Discharge _____

Decoration _____ Regt/Corps _____ PPO No & Date _____

Religion _____ Caste _____ Discharge Book No & Date _____

5. Details of Husband's death :

War/Operation _____ Attributable _____

Non Attributable _____ After Retirement _____

6. Details of family :-

SNo	Name	Date of Birth	Relationship	Education
(a)				
(b)				
(c)				
(d)				
(e)				

7. Amount of (a) Ordinary Pension Rs _____

(b) Special Pension Rs _____

(c) Liberalised special family pension Rs _____

18. Lump sum payment received :-

(a) Gratuity Rs _____

(b) Group Insurance Rs _____

(c) Leave Encashment Rs _____ (d) Financial Assistance Rs _____

(e) Commuted Pension Rs _____

22. Present occupation & monthly income :-

Service Rs _____ Business/Industry Rs _____

Agriculture Rs _____ Un-employed _____

23. Other relevant information, if any _____

24. Identification Marks _____

25. Right Thumb Impression _____

DECLARATION

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

Date : _____ (Signature of the Applicant)

FOR OFFICIAL USE

Status as Widow Yes/NO

War Widow _____

Attributable _____

Non Attributable _____

After Retirement _____

No & date of Identity Card Issued _____

Date : _____ (Signature of Zila Sainik Welfare Officer)