

**Form (Suggestive)**

**Defence Category (including civilian of G.T. Company, ASC) and their Wards.**

It is certified that No. \_\_\_\_\_ Rank \_\_\_\_\_ Sh./Smt \_\_\_\_\_

(Name of Father/Mother) who is the Father/Mother of Sh./Km. \_\_\_\_\_

(Name of candidate) is a resident of Village \_\_\_\_\_ Post Office \_\_\_\_\_

Tehsil \_\_\_\_\_ District \_\_\_\_\_ is the bonafide resident of Himachal Pradesh has served or serving in Battalion/Regiment \_\_\_\_\_

It is also certified that No. \_\_\_\_\_ Rank \_\_\_\_\_

Sh./Smt. \_\_\_\_\_ (Name of Father/Mother)

(1) Deceased in War/action in the year \_\_\_\_\_

(2)

(3) Disabled in War/Action in the year \_\_\_\_\_ and declared medically Board out).Death attributable to Military service in the year \_\_\_\_\_

(4) Disabled attributable to Military Service and medically board out in the Year \_\_\_\_\_.

(5) Awarded Gallantry Award during War/Action/Service in the year \_\_\_\_\_

(6) Ex-serviceman or personnel in service \_\_\_\_\_.

Place \_\_\_\_\_

Date \_\_\_\_\_

Secretary

State/District Sainik Welfare Board

(Signature with Office Seal)

Note: Strike out whichever is not applicable.