		APPLICATION FO	<u>DR ISSUE O</u> R WIDOWS					<u>OWS /</u>	
		WA			<u>x-olin</u>	VICLI	VILLIN		
1.	Name of the applicant:							Stamp Size Photograph	
2.	Date	of Birth / Age:							
3.	Addr	ess							
	Tehsil or Police Station			,	Tele				
4.	Wife of late								
5.	Service particulars of husband:								
	a) No.		b)	Rank					
	c)	c) Date of Birth		d)	Date of Enrolment				
	e)	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 Pe Rs.		Pensio	n	Special Far	mily Pension Rs.	
				ralised	alised Special Family Pension Rs.				
8.	Identification Mark:								
9.	Left Thumb Impression								
DECLARATION									
belief.	I hereby declare that the particulars given above are true to the best of my knowledge and ef.								
Date:									
Place:					Signature of the Applicant				