

APPLICATION FORM TO BE SUBMITTED BY THE EX-SERVICEMEN/WIDOW/ORPHAN DEPENDENT FOR PRIORITY CERTIFICATE FOR EMPLOYMENT .

PART 'A'

Particulars of the deceased / severely disabled soldier
(Delete whichever is not applicable)

1. Service No. Rank
2. Name of deceased / severely disabled soldier
3. Operation in which killed / disabled
4. Date of death / disability
5. Name of Record Office

PART 'B'

NOMINATION FORM TO BE FILLED AND SIGNED BY THE WIDOW / PARENTS OF THE DECEASED SOLDIER. IN CASE OF DISABLED SOLDIER NOMINATION SHOULD BE MADE BY HIM ONLY.

I. widow /father/ mother of
deceased /severely disabled soldier (self) (Delete whichever is not applicable).

Rank	Name	
resident of village		PO
Tehsil	District	State
do solemnly nominate Shri /Kumari /Smt.		
son / daughter / wife of		resident of
Village		PO
Tehsil	District	State

for providing employment assistance as dependent under priority II.A so as to enable him/her to support me.

Signature / Left thumb impression
of the widow /mother /father of
deceased /severely disabled soldier.

PART 'C'

Particulars of dependent of the soldier killed / severely disabled in war / peace (To be filled and signed by the dependent).

1. Name (in Block letters)
2. Father's /Husband's Name
3. Complete address with PIN Code No. for correspondence.
4. Relationship with the deceased / severely disabled soldier.
5. Whether Scheduled Caste/ Scheduled Tribe /Physically Handicapped / Exserviceman (If belonging to any of the above category, submit a copy of certificate from competent authority)
6. Date of Birth
7. Details of educational / technical qualification :

Name of the examinations passed	Subjects offered	Division / percentage of marks	Name of the Board / University	Year of passing
(1)	(2)	(3)	(4)	(5)

(Attach separate sheet, if required)

8. whether knowing Typewriting / Shorthand (If yes, the language and speed per minute)
9. Details of present /past employment, if any
10. Type of job required /desired
11. Whether willing to service out of the State where residing? Yes / No
 - (a) If yes, the names of States
 - (b) where willing to service in
 - (c) the order of preference :-
12. (a) Name of Employment Exchange where registered.
 - (b) Registration No.

(c) NCO Code No.

13. Any other information,
desired to be given.

I hereby declare that all information furnished above is true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my case is liable to be rejected or cancelled.

Signature / LTI of the
dependent.

Date:

Place:

PART ' E'

Declaration to be given by the dependent (other than widows/ son/
daughter) who undertake to support the family of the deceased /
severely disabled soldier (To be filled by the dependent)

I son/wife/daughter of
resident of village PO Tensil

District State do solemnly declare

to maintain the family of No. Rank

Name Regiment /Unit/Corps

who was killed / severely disabled in operation / peace and whose
particulars are given in Part "A" of the form, provided I am given a job / employment.

Date: Signature of the dependent.

PART 'F'

(To be certified by the Record Office in case of PEACE TIME
Deceased /severely disabled soldiers only)

Certified that the particulars given in respect of deceased / severely disabled
soldier in Part "A" of the form are correct.

It is further certified that the death of deceased soldier whose particulars are
given in Part "A" of the form has been accepted (ATTRIBUTABLE TO SERVICE
(Naval /Air/Army) by Controller of Defence Accounts (P), Allahabad).

It is further certified that the disability of the soldier whose particulars are given
in Part "A" of the form has been accepted:-

- (a) Attributable to service by CDA (P) Allahabad
- (b) Over 50% (write percentage of disability)
- (c) He has declared unfit for civil employment by the
Medical Board at the time of discharge.

(Delete whichever is not applicable)

For Record Office (Give details of death /disability in brief i.e. Cause/ Nature / Place etc.
whichever is possible / applicable)

Date: Signature of Record Officer

Place: Name

Rubber stamp
Office Seal

IMPORTANT NOTE ; PLEASE ATTACH A CERTIFIED TRUE COPY OF CDA(P)
ALLAHABAD LETTER ACCEPTING DEATH /DISABILITY OF ABOVE SOLDIER
AS ATTRIBUTABLE TO MILITARY SERVICE WITH THE FORM

PART 'G'

Certificate to be given by the Secretary, Zila Sainik Board after thorough verification with the help of the civilian district authorities, where necessary (To be given by Secretary, Zila Sainik Board only)

Certified that the information given in Part "A" to "F" in respect of No
Rank Name
(deceased /severely disabled soldier), his family and dependent Shri/ Kumari/ Smt
(Write name of the dependent who seek employment) is found to be true and correct.

Place: Signature
Date: Name

Office Seal / Stamp

1. In case Peace Time deceased /severely disabled soldier, this certificate should be given only after Part "F" of the form has been certified by Record Office and dependent is found eligible for employment assistance under Priority II (a)
2. Upto two dependents are only eligible for employment assistance under Priority II (a)
3. Dependents of only those disabled ex-servicemen are eligible for employment assistance under priority II (a) who were severely disabled with over 50% disability attributable to military service and declared unfit for civil employment by the medical board.
4. The form duly completed and certified may be forwarded by Zila Sainik Board to Ex.-servicemen Cell of Ministry of Labour whose address is given below (The forms received direct from the individuals are not accepted by Ex-servicemen Cell):-

Director of Employment Exchanges.
Ministry of Labour (DCE&T)
EXSERVICEMEN CELL,
2A/ 3 Kundan Mansion,
Asaf Ali Road,
New Delhi 110 002.

5. Before forwarding the form of peace time dependents to Ex-servicemen Cell, please ensure that a copy of CDA(P) Allahabad letter / certificate to accepting death / disability of deceased / severely disabled soldier attributable to military service has been attached with the form.