



IDENTITY CAR			DATED: _				
APPLICATION F	OR ISSUE OF I	DENTITY O	ARD FOR E	X-SERVIC	EMAN/WIDO	W	
Service No.	Rank						
Trade/Branch			000000		_		
Service : Army	10	avv	Air Force	7			
Regt/Corps_	_		7 1 0.00				
Name							
Father's Name					_		
	FOR WID	OW ONLY			1		
Name of Widow: _					1		
Date of Birth of Wi	dow :				1		
Educational Qualifica	ation :						
Decoration :State/UT for monetary benefits :							
Character: Exemplar	ery Good	Good		Satisfactory	l		
ADDRESS							
PERMANENT							
H. No	Sec	_Vill/ Society	y/ Mohalla				
POTeh							
Distt		State			PIN		
Police Station		Phone			Mobile		
E-mail :							
PRESENT/CORF	RESPONDENCE						
H. NoSecVill/ Society/ Mohalla							
		PinPolice Station					
		Mobile					
E-mail :							
		Relation	Date of Birth/	Married	Disability with	NOK	
Name of dependents		Relation	Age	Yes/No	%, If Yes	Yes/No	
Religion : Hindu	Sikh	Sikh Christian Others					
Caste : Caste Category : SC ST BC OBC GEN							
Ex-Serviceman Date of							
Birth	Enrolment/Com	nrolment/Commission Retirement/Discharge Death					

Reason for Retirement/Discharge :						
On Superannuation Own request On fulfilling the term of Engagements						
On Medical Ground (RMB)						
Amount of Pension : ₹						
Type of Pension : Service Disability Percentage of Disability Percentage of Disability						
Type of Disability: Attributable to Military Service Non Attributable to Military Service						
War/Operation Name of War/Operation						
Medical Category						
FOR WIDOW ONLY						
Amount of Family Pension : ₹						
Type of Family Pension : Ordinary Special Liberalised						
Type of Death :						
War/Operation Name of War/Operation						
Attributable to Military Service Non Attributable to Military Service After retirement						
Original PPO No. :Discharge Book NoDate						
Identification Marks						
Aadhar No. Self : Wife : Wife :						
Child: 1 2 2						
3						
Pan No Bank Account No.: Bank Name Bank Name						
Bulk Nulle						
Left Thumb Impression/*Right thumb Impression (*in case of female)						
If Migrated : District FromState						
I hereby declare that the particulars given above are true to the best of my knowledge and belief.						
,, ,, ,, ,, ,						
Date :						
Place : (Signature of Applicant)						
Online Application Checked & Recommended						
Date : Zila Sainik Welfare Officer						
Place : Union Teritory, Chandigarh						
Visit : www.ksb.gov.in for online application. Documents required :						
1. Photo (self) - 3 2. PPO - Photo Copy						
 Discharge Book/ Service particulars book of Retired and Released Officer - Photo copy of all the pages. Residence Proof of Chandigarh - Photo Copy. Death Certificate (in case of Widow I Card) 						
Old Ex-servicmen Identity Card / NOC (in Original) Carry all the Original Documents.						
NOC issued vide letter NoDated						
Date of Death :Widow I Card NoDated						