

ANNEXURE - IX

CERTIFICATE FOR DECEASED OR DISABLED OR DISHCHARGED MILITARY/PARAMILITARY PERSONAL, EX-SERVICEMEN EX-PERSONNEL OF PARA-MILITARY FORCES

Certified that Number Rank Name
..... S/o or D/o Shri

Father/Mother of Resident of Village
..... Post Office Tehsil
..... District belonging to the State of Haryana, has
served in the Army/Air-Force/Navy (Name of the Para-
Military Force) from to and subsequently
invalidated out of service as under:

1. Medical Category

- i) For JCO's-.....
- ii) For ORS : Shape- I, II, III, etc.
- iii) For Rank/Designation (in case of Para-military forces)

2. Reason for discharge/retirement

3. Death (whether killed in action or any other reason)

4. If killed in action name of
the war/operation

5. Disabled: Whether disabled during the war/operation (name)

6. Nature of disability

- i) Whether permanent, i.e., for life
- ii) Whether temporary, up to what extent

Next RSMB is due

Name of Records

Signature of the issuing authority
(with office seal)

Case No:

Date:

Note: Only the certificate issued by the Officer duly authorized by the Army/Navy/Air-Force/concerned Para-Military Force Headquarters, as the case may be, shall be entertained.