

Annexure-'A'

Form of certificate to be furnished by the sons/daughters or wives of ex-servicemen to be considered against the posts reserved for ex-servicemen

It is certified that Sh/Kumari/ Smt. _____ resident of Village _____ P.O. _____ Tensil _____ District _____ (Himachal Pradesh), is the dependent son/daughter or wife of Shri _____. Ex-serviceman No. _____. Rank _____ who has not been rehabilitated through employment against the post reserved for ex-servicemen with the H.P. Govt./Corporation/Board/Autonomous Body of H.P. as well as Central and other State/Union Territory Government or Public Sector Undertaking/Autonomous Body/Banks, etc. under the control of the said Central or other State/Union Territory Government.

Patwari/Pradhan of Gram Panchayat/ President of Municipal Committee or Notified Area Committee/Executive Officer of the Municipal Corporation of the area.

Date: _____

Place: _____

Countersigned by

Tensildar/Sub-Divisional Officer (Civil) of the
area

Annexure-'B'

AFFIDAVIT

I, _____ Son _____ /daughter _____ /wife _____ of
Shri _____ Ex-serviceman No. _____
Rank _____ resident _____ of _____ Village _____
P.O. _____ Tensil _____ District _____ (Himachal
Pradesh), do hereby solemnly declare and affirm that no other ward (i.e.
son/daughter or wife) of my father/husband has been provided
employment against the vacancies reserved for ex-servicemen under the
H.P. Govt./Corporation/ Board/ autonomous Body of H.P. as well as
Central and other State/Union Territory Government or Public Sector
Undertaking/Autonomous Body/Banks etc. under the control of the said
Central or other State/Union Territory Government.

DEPONENT

Date: _____

Place: _____

Tehsildar/Sub-Divisional Officer(Civil) of the
area.

CERTIFICATE TO BE ISSUED BY THE SAINIK WELFARE AUTHORITY OF THE DISTT CONCERNED.

This is to certified that MR/Miss/Mrs _____ resident of
Village _____ PO _____ Tehsil _____ Distt _____ is the
Son/ Daughter/Wife of No _____ Rank _____ Name _____
who has served in the Armed Forces of the India from _____ to _____ and he
is/was a EX-Serviceman.

MR./Miss/ Mrs _____ is entitled to avail all the
Facilities / Concessions to the wards of the Ex-Serviceman as authorized by the Government .

The date of birth of MR/ Miss/ Mrs _____ as per record available
in this office is _____ .

Station

Date

Deputy Director ,
Sainik Welfare
Distt Una (H.P.)
(With Seal)