

APPLICATION FORM FOR TRAINING OF EX-SERVICEMEN (JCOs/OR)

PART A

Service No. _____ Rank _____ Name _____

Arm/Service/Trade : _____ Date of Birth _____ / _____ / _____

Educational Qualifications : Civil _____ Military _____

Date of Retirement ___ / ___ / ___ Character as mentioned in the discharge certificate : _____

Name of Course in which training is desired* : _____

Starting Date _____ / _____ / _____ Concluding Date _____ / _____ / _____

Civil Experience, if any, in the Particular Trade : _____

Any pre-release course attended before retirement _____

Date : _____ Signature _____

Address : _____

City : _____ District _____ State _____ Pin : _____

Documents Required

(a) Photocopy of Ex-Servicemen Discharge Book

(b) Photocopy of Ex-Servicemen Identity Card

* This course being a regular course for retiring personnel, no stipend is admissible to ESM in this course.

PART B

VERIFICATION BY ZILA SAINIK BOARD

Certified that the above particulars have been verified from the discharge certificate of the individual.

Secretary
Zila Sainik Board

FOR OFFICIAL USE ONLY

Recommended / Not Recommended for the course

Date :

Joint Director (Training)
For Director (Training)