

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. _____ Tehsil _____ District _____ (Himachal Pradesh) is the dependent son/daughter or wife of Shri _____ Ex. Servicemen 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

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

Annexure- 'B'

Affidavit.

I _____ Son/daughter/wife of Sh. _____ Ex. Servicemen No. _____ Rank _____ District _____ Village _____ P.O. _____ declared 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:

Countersigned by

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

WEXM Certificate

It is certified that Sh./Smt./Kumari _____ Date of Birth _____
Who has been married with Shri _____ S/o. Sh. _____ R/o _____
Vill. _____ P.O. _____ Tehsil _____ District _____ State _____ on _____
(as per the certificate produced by the applicant from the concerned Gram Panchayat Authority) is a Daughter of
No. _____ Rank _____ Name Resident of Vill. _____ P.O. _____ Tehsil _____ Dist. _____
_____ (HP) as per the records held in discharge certificate of the above named ex-servicemen.

Date:
Place:

Deputy Director
Zila Sainik Welfare