

## **ANNEXURE -V**

### **CERTIFICATE FOR DECEASED OR DISABLED OR DISCHARGED MILITARY/ PARA-MILITARY PERSONNEL, EX-SERVICEMEN OR EX-PERSONNEL OF PARA-MILITARY FORCES**

Certified that Number \_\_\_\_\_ Rank \_\_\_\_\_  
\_\_\_\_\_ Name \_\_\_\_\_ Son  
of \_\_\_\_\_ Father of \_\_\_\_\_ Resident of  
Village \_\_\_\_\_ Post Office \_\_\_\_\_ Tehsil  
\_\_\_\_\_ Distt. \_\_\_\_\_ belonging to the State of  
Haryana has served in the Army / Air Force /Navy (Name of the Para-Military Force) from  
\_\_\_\_\_ to \_\_\_\_\_ and subsequently invalided 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 of 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 Upto what extent) \_\_\_\_\_

Next RSMB IS DUE \_\_\_\_\_  
Name of Records \_\_\_\_\_

Signature of the issuing authority  
with designation and official  
seal and stamp

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.