

FORM OF EX-SERVICEMAN IDENTITY CARD

1. P. NO: _____ RANK: _____
2. NAME _____
3. REGIMENT/ CORP: _____
4. FATHER'S NAME: _____
5. PERMANENT ADDRESS (AS PER DISCHARGE BOOK)

6. DATE OF BIRTH: _____
7. DATE OF ENROLMENT: _____
8. DATE OF DISCHARGE: _____
9. PENSION DETAILS:
 - (A) SERVICE PENSION: _____
 - (B) DISABILITY PENSION (IF ANY): _____
 - (C) PERCENTAGE OF DISABILITY: _____
10. DISCHARGE BOOK NO: _____ DATED: _____
11. PPO NO: _____ DATED: _____
12. IDENTIFICATION MARKS (I) _____
(II) _____

DECLARATION

I HEREBY DECLARE THAT THE PARTICULARS ARE TRUE TO BEST OF MY KNOWLEDGE AND BEHALF.

PLACE: _____

DATE: _____

(SAILOR'S SIGNATURE)

****Note:** Fields not understood may be left blank