

वित्तीय सहायता / Financial Assistance

33. पी पी के वित्तीय सहायता का विवरण

(Details of Financial Assistance Provided)

क्र. सं. Ser. No.	दिनांक की तिथि Date of Payment	सहायता का स्वरूप Nature of Assistance	से From	रकम या ₹. Amount in Rs.	आपके अधिकारी के हस्ताक्षर Signature of the Paying Officer

34. पी पी के लिए पंजीकरण

Registration for re-employment:

(क) आर एस डी / कैट एच डी से पंजीकरण

(A) RSB/ZSB Registration Number: 255/GD/2022

(i) पंजीकरण संख्या Registration Number:

(ii) दिनांक Date: 14/06/2022

(B) आर एस डी (जगह का नाम) RSB/ZSB location place: Chattisgarh

(क) वित्तीय सहायता के लिए पंजीकरण संख्या

(b) CMI Exchange Registration Details

(i) पंजीकरण संख्या Registration Number: Not available

(ii) दिनांक Date:

(iii) स्थान Place:

35. पी पी के साथ उनकी पत्नी के साथ एक साथ की गई तस्वीर
Joint Photograph of pensioner with Wife



आपके अधिकारी के हस्ताक्षर
Signature of the Paying Officer

36. पी पी के साथ उनके सभी निर्भरताओं के साथ एक साथ की गई तस्वीर
Joint Photograph of pensioner with all dependents



आपके अधिकारी के हस्ताक्षर
Signature of the Paying Officer



3. (Management Course)

- (1) Management Course
- (2) Management Course
- (3) Management Course
- (4) Management Course
- (5) Management Course

(a) Management Course

(b) Management Course

(c) Management Course

(d) Management Course

(e) Management Course

(f) Management Course

(g) Management Course

(h) Management Course

(i) Management Course

(j) Management Course

(k) Management Course

(l) Management Course

(m) Management Course

(n) Management Course

(o) Management Course

(p) Management Course

(q) Management Course

(r) Management Course

(s) Management Course

(t) Management Course

(u) Management Course

(v) Management Course

(w) Management Course

(x) Management Course

(y) Management Course

(z) Management Course

(aa) Management Course

(ab) Management Course

(ac) Management Course

(ad) Management Course

(ae) Management Course

(af) Management Course

(ag) Management Course

(ah) Management Course

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(aj) Management Course

(ak) Management Course

(al) Management Course

(am) Management Course

(an) Management Course

(ao) Management Course

(ap) Management Course

(aq) Management Course

(ar) Management Course

(as) Management Course

(at) Management Course

(au) Management Course

(av) Management Course

(aw) Management Course

(ax) Management Course

(ay) Management Course

(az) Management Course

(ba) Management Course

(bb) Management Course

(bc) Management Course

4. (Management Course)

(1) Management Course

(2) Management Course

(3) Management Course

(4) Management Course

(5) Management Course

(6) Management Course

(7) Management Course

(8) Management Course

(9) Management Course

(10) Management Course

(11) Management Course

(12) Management Course

(13) Management Course

(14) Management Course

(15) Management Course

(16) Management Course

(17) Management Course

(18) Management Course

(19) Management Course

(20) Management Course



Sl. No.	Name of Candidate	Grade	Remarks
1			
2			
3			
4			
5			

(a) Management Course

(b) Management Course

(c) Management Course

(d) Management Course

(e) Management Course

(f) Management Course

(g) Management Course

(h) Management Course

(i) Management Course

(j) Management Course

(k) Management Course

(l) Management Course

(m) Management Course

(n) Management Course

(o) Management Course

(p) Management Course

(q) Management Course

1. सर्वोच्च न्यायालय

Date of Enrolment: 01/11/2020

2. आवेदनकर्ता का पता

Date of Enrolment: 31/10/2020

3. आवेदनकर्ता का नाम

Cause of Death: NORMAL

4. आवेदनकर्ता का पता

Cause of Death: ART. 17 RULE 13 (3) (b)

5. उम्र

Sex: MALE

6. आवेदनकर्ता का पता

Place of Birth: BARSAWA

7. पेशा

Occupation: EXEMPLARY

8. आवेदनकर्ता का पता

Complexion: BLACK

9. आवेदनकर्ता का पता

Height: 172 CM

10. आवेदनकर्ता का पता

Identification Mark: BLACK MARK 7.5 CM LENGTH AND 1.5 CM BREADTH

IN RT. DL IN CLOCK



11. पेशा

Mental Status: MADRI

12. आवेदनकर्ता का पता

Full name of next of kin with relationship: JADIKAZIPO

13. आवेदनकर्ता का पता

Particulars of the address: वार्ड - 4 / पोस्ट / तालुका / जिला / राज्य

Place: DEVANAGIRI

Village/Town: SAVARA GOAN

Police Station: PARASWA

Sub-district: PARASWA

District: BARSAWA

Division: OSMATABAD

State: MAHARASHTRA

14. आवेदनकर्ता का पता

15. आवेदनकर्ता का पता

16. आवेदनकर्ता का पता

17. आवेदनकर्ता का पता

18. आवेदनकर्ता का पता

Part 1 / 10015
 Part 1 / MISCELLANEOUS
 to enter the name of all the members of Family Members

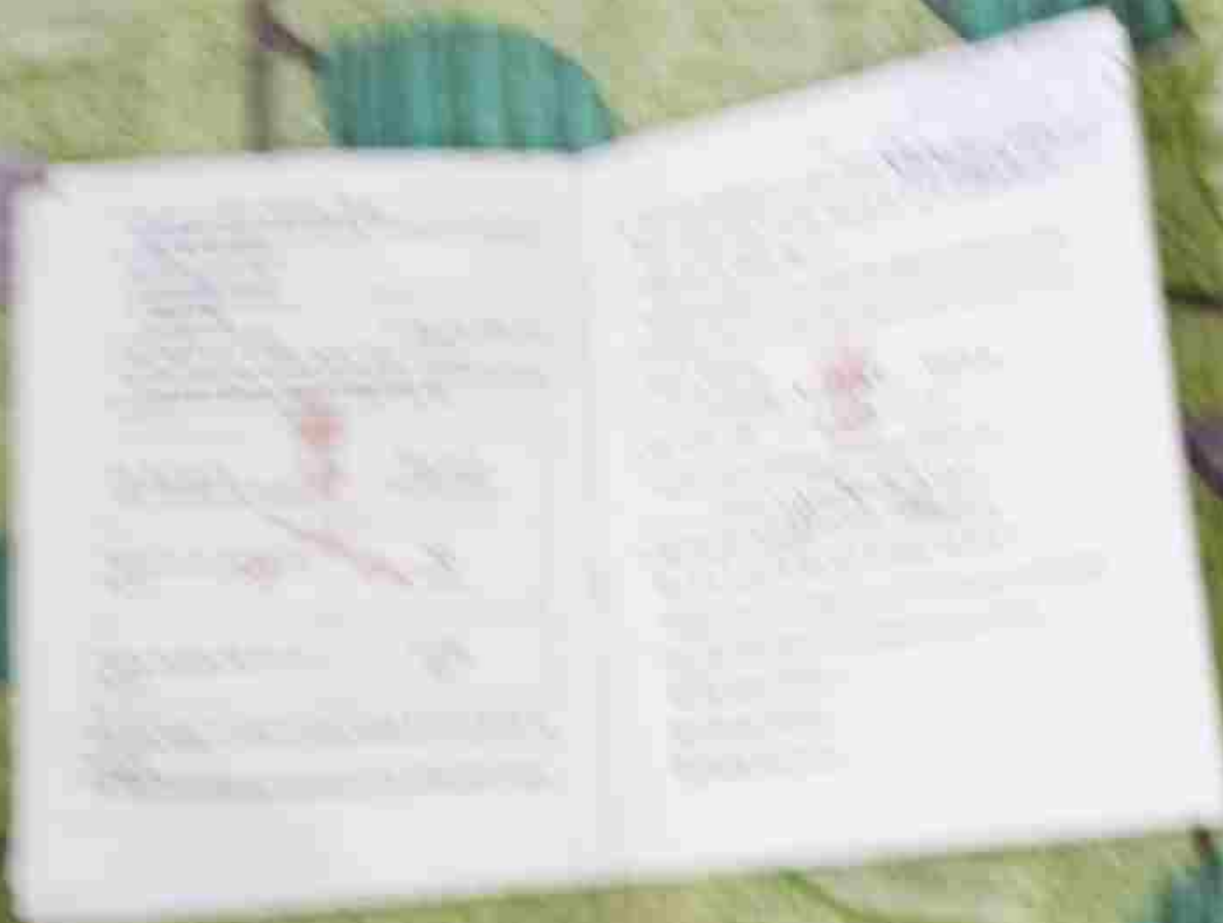
S. No.	Name
01	DR. JAYAKANTH S. RAMANUJAM
02	ATRAKABAI
03	DOKE JAYEKA RAMCHANDER
04	DOKE RITIKA RAMCHANDER
05	DOKE ANJIT RAMCHANDER



Date of Birth	Relationship	Whether dependent or not (Write 'Yes' or 'No')
01-07-1941	FATHER	YES
21-07-1945	MOTHER	YES
01-01-1985	WIFE	YES
01-01-2009	DAUGHTER	YES
01-01-2015	SON	YES



20th of 2021
 21. Signature of Soldier: *[Signature]*
 (Signature of *[Name]*)
 (Signature of *[Name]*)
 Officer in Charge
 22. Issuing Regiment
 23. Date



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1. Name of the holder
C/O Name:
Date of Birth
Institution: PAAGU 2012/01/13/10/01
Address of the
Certificate

2. Name of the holder
AWIS/Amusement, it may
to Public and other

3. Name of the holder
Extended Insurance Certificate Details:
Date of issue
Certificate No.
Name of the holder

4. Name of the holder
Date of issue of Certificate

5. Name of the holder
Date of issue of Certificate

6. Name of the holder
Date of issue of Certificate



7. The family includes wife / husband, mother, father, unmarried children including step / adopted children upto 10 years of age who are dependent on the insured. Unmarried daughter / handicapped children are eligible for the subject to banking clause conditions.

8. The insured shall not be entitled to medical attendance / treatment from service stations.

9. Death shall not be payable if the insured is engaged in any other occupation which is not covered by the policy.

10. Death, Disability, Marriage, Adoption or any other occurrence will be published by the Record Office after retirement on reporting by the Ex-servicemen.