CONDITIONS FOR ISSUE OF DUPLICATE DISCHARGE BOOK

- 1. This Discharge Book must be preserved cerefully, if this is lost a DUPLICATE COPY WILL NOT BE ISSUED. Only in exceptional circumstances and at the discretion of OIC Records a duplicate certificate can be issued. OIC Records must be informed of the cause of loss immediately on occurence through the Secretary, Zila Sainik Board.
- Loss of this certificate is to be reported to the nearest Police Station and copy of FIR obtained.
- 3. This Discharge Book is not transferable. Amendments alterations/erasures of antries or any attempt at tampering constitutes a grave offence and will render the persons concerned liable for prosecution. Amendments if necessary to be effected only under the seal of Officer Incharge Records.



1

PART -I

PERSONAL /SERVICE PARTICULARS

1. Army No : 2795665X

2. Rank : LINK

3. Name In Full : SHINDE NARAYAN

(Block Capital)

BHIKA

4. Father's Name : BHIKA

5. Religion : HINDU

6. Caste : MARATHA

7. Whether SC/ST : LONI

8. Date of Birth : 01 JUN 1978

Nearest Railway Station PACHORA 18. Identification Marks :- MOLE 2CM BELOW RT EYE NEAR District JALGAON (1) LASAL SIDE (ii) BONE AT 4 O' CLOCK State MAHARASHTRA RSB and ZSB serving the area SALGAON 19. Marital Status _____ MARRIED 20. Full Name of Next of kin with Relationship_ 424201 Pin Code WSHA WHIFE 22 Aadhaar Card No 888374845037 21. Permanent Home Address House No / Name of Street / Road / Mohalla 7 77 23 Email ID No marayant stringe 010614786 gr SIDE, BHASHAR NAGAR 24. PAN Card No AKGPB 3042H Village / Town PACHORA 25. Permanent Contact No 9890 532577 Post Office ____PACHORA Telegraph Office PACHORA 26. ECHS Card No _ Tehsil PACHORA

			6	9		1	
30 PDA	Details (v	with IF	SC cod	Θ)	_		
Type & N	Name of Bank	Acc	ount	Code			
Single Joint				5BIN 0000441			
		33705561712		SBIN	41		
HT 2	alls of Ha	Chicar Contract	DART-I	3/1-			
TOU ME	ar Service	shov	ving The	eatre of	To	manori	
THE PARTY					10		
S/No	Operat	ion	P-1 CHILL				
S/No	Operat	LOU	DI AUG	1999	100	JAN 2000	
	OP VI	SHAK	DI AUG	1999	22	JUN 2000 JUN 2011	

	40. Deta (a) _ (b) _	ils of Resettlen			rses,
डेपो	14). Medi	MEDICA cal Category D	etalls :-	Type of	Att/
बलगा		Y GLANGE	ntage	(BC/PC)	Non
	SIHIAI	P2(P)E1			
7.9-					
5(6)	(Note : F	or filling up Med	lical Rec	ords,refer RM	IB/IMB)
	हुआ है पो	40. Deta (a) (b) (c) Medical Medical SIH, A)	40. Details of Resettlen (a) (b) (c) PA MEDICA Medical Category D Medical Disabilities/ Diag SIH1 AI P2(P)E1	40. Details of Resettlement / Vo (a) (b) (c) PART - III MEDICAL REC Medical Category Details: Medical Disabilities/ Perce ntage SIH1 AI P2(P)E1 (Note: For filling up Medical Rec	(a) (b) (c) PART - III MEDICAL RECORD Medical Category Details: Medical Disabilities/ Perce Type of disabilities (BC/PC) SIHIAI P2(P)EI (Note: For filling up Medical Records, refer RM

9		10
42. Fit/Unfit for civil employmentFTT	48. Equation of Service civil educational qualifica India letter No_	education qualification with tion with authority (Govt of
43. Inter Services, National and International level	Army Education Certifica	te Civil Equivalent
-	ACE - I	Matric
TOTAL	ACE - II	VIII
45. Extra curricular activities	refer to State	of India letter. Details to be
MISCHILANECHIS		
46. Occupational Record prior to joining service STUDENT	50. Vocation / Trades	/ Business for which

53. Registration for re-employment :-11 51. Proficiency in MT driving / whether civil driving (a) RSB / ZSB Registration Details :licence or badge held. Also which type of Civil Vehicle has been driven : (i) Registration Number : 158/2016 Heavy Vehicle . (a) (iii) Date: _ Light Vehicle : _ (b) (iii) RSB / ZSB (mention place) aigaon Motor Cycle (c) डेराने Civil Exchange Registration Details:-Financial Assistance क अपनी 52. Details of Financial Assistance Provided (i) Registration Number : Signature Amount Nature of Date of लगाम Ser of the in Rs. Assistance Payment No Paying (ii) Date L.X.C.(Liquor Permit) No 2051319 Officer (iii) Place: 40191vol6issued for Life Long Period INSPECTOR State Excise, Chalisgaon

54. Joint Photograph of pensioner with wife.

व कर्मल मेजर ओ सी डिपो.क्य रिकाराता एल अ

55. Joint Photograph of pensioner with all

dependents.



ि प्रशान एल आहे आर हो। जान मन

Edd occurs of the

14

56 Details of family members :-

D.	1 40	do Details of fairling members :-						
है लगाउ	No	Name	Date of Birth	Relation- ship	Whether dependent or not (write 'Yes' & 'No')			
	0)	USHA	MAL TO	MIFE -	YES			
			1981	0				
	02	PAWAN	13 DEC	SON	YES			
			2006	1 1000				
	63	BHAVESH	25JAN	BON	YES			
			2009	The state of the s				
	04	BHIKA	784RS	FATHER	YES			
	05	SOJABAI	73 YRS	MOTHER	YES			

Date 30 JUN 2016 Signature of Soldier

डेपो क्रमनी

Signature of Issuing Authority)

बेलगांध

GA-02120552802900 FO) 57. CSD Card No : In Service LA - 02/20 55 28 02 900 For

15

On Retirement

58. ECHS Card No

59. AWHO allotment, if any

60. Voter ID No

61. Extended Insurance Certificate details :-

Certificate No.

Name of Nominee

Dt of expiry of certificate

62. ZSB/RSB ID No/EXSM ID No

Notes :-

- The term family include wife / husband, mother, father, un-married children including step. J adopted children upto 18 years of age who are dependent on the pensioner. Un-married daughter / Handicapted children are eligible for life subject to fulfilling other conditions.
- Non pensioners are not entitled to medical

attendance / treatment from service sources. other occurrence will be published by Record Office after retirement on reporting by the Ex-Serviceman.

1 Card MAH 19/00 6608708

Lasued on Date 15 5ef 2016

Z. S. W. O. lalgaon