

Unit Number: **57718**

Unit Name:



1st Cdr
Battery Company
Demo Unit

POST OFFICE BOX 10 10

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Name & Address
Date of Birth
Date of Entry
Date of Discharge
Date of Re-entry
Date of Release
Date of Death

Service Number
Grade
Pay Grade
Rate
Rate
Rate
Rate
Rate



PERSONAL SERVICE PARTICULARS

- 1. Unit: **57718**
- 2. Name: **CHAO (UNP 18)**
- 3. Service Number: **60400000000000000000**
- 4. Date of Birth: **14 OCT 1986**
- 5. Date of Entry: **14 OCT 1986**
- 6. Date of Discharge: **14 OCT 1986**
- 7. Date of Re-entry: **14 OCT 1986**
- 8. Date of Release: **14 OCT 1986**
- 9. Date of Death: **14 OCT 1986**

1. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

2. ନିମ୍ନ ଲିଖିତ ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

3. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

4. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

5. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

6. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

7. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

8. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

9. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

10. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

11. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

12. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

13. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

14. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

15. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

16. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

17. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

18. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

19. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

20. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

21. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

22. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

23. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018

24. ନିମ୍ନ ଲିଖିତ
Date of Birth: 25 03 2018



21. Rank / position / grade etc
 Medical / Diagnostic / Communications / Medical AI Assistant
Q. YRS. USMC, USAF

22. Title / position / grade etc

23a. Army in USA

23b. Army in other countries

23c. Education Qualification

23d. At the time of joining service

23e. Subsequent Army training

24. Army units

Army Courses:

Army Course	Year

25. Education by other units

Trade Test Passed (Y/N) (M)

CLY (CENE)

26. Details of Awards / decorations etc

Details of Award / Decoration / Qualification Criteria

26a.

26b.

26c.

27. Medical / Diagnostic / Communications / Medical AI Assistant

Medical / Diagnostic / Communications / Medical AI Assistant

28. Medical / Diagnostic / Communications / Medical AI Assistant

Year of Medical / Diagnostic / Communications / Medical AI Assistant	Army / Air Force / Navy / Other	Medical / Diagnostic / Communications / Medical AI Assistant	Medical / Diagnostic / Communications / Medical AI Assistant
<u>2015-16</u>			

29. Medical / Diagnostic / Communications / Medical AI Assistant

30. Medical / Diagnostic / Communications / Medical AI Assistant

31. Medical / Diagnostic / Communications / Medical AI Assistant

32. Medical / Diagnostic / Communications / Medical AI Assistant

33. Medical / Diagnostic / Communications / Medical AI Assistant

34. Medical / Diagnostic / Communications / Medical AI Assistant

35. Medical / Diagnostic / Communications / Medical AI Assistant

36. Medical / Diagnostic / Communications / Medical AI Assistant

37. Medical / Diagnostic / Communications / Medical AI Assistant

38. Medical / Diagnostic / Communications / Medical AI Assistant

39. Medical / Diagnostic / Communications / Medical AI Assistant

40. Medical / Diagnostic / Communications / Medical AI Assistant

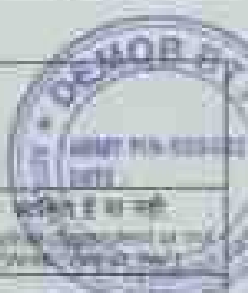
41. Medical / Diagnostic / Communications / Medical AI Assistant

42. Medical / Diagnostic / Communications / Medical AI Assistant

43. Medical / Diagnostic / Communications / Medical AI Assistant

44. Medical / Diagnostic / Communications / Medical AI Assistant





FORM - 1 (REVISED)
1972 MISCELLANEOUS

ad. subject to report in effn. Details of Family Members.

Sl. No.	Name	Age at date of birth	Relation	Whether dependent at the date of death
A.	SUDHA DEVI	04/12/1977	WIFE	YES
B.	OMKAR DRAVID GAWANDE	04/07/1982	SON	YES
C.	JAS PRAKASH GAWANDE	01/05/1981	SON	YES
D.	GAWANDE HANMAN	60 YRS AGE AT THE TIME OF DEATH	FATHER	YES
E.	GAWANDE GANABAI	72 YRS AGE AT THE TIME OF DEATH	MOTHER	YES

HTK

COST OF THE		Part Machine No.
1.	Inventory Cost	351418
2.	Depreciation Cost	236194
3.	Residual Value	

Officer in Charge (Medical)

Signature of Family Member

[Signature]
Lt Col
Battaly Commander
District Battaly

**Welfare Report
FINANCIAL ASSISTANCE**

11. (b) (ii) (b) Welfare report on wife.

Details of Financial Assistance Received:

Sl. No.	Year of Receipt	Amount of Assistance	From	Sl. No.	Year of Receipt	Amount of Assistance	From

12. (b) (ii) (b) Welfare report on children.

Registration No. _____

(a) 2000-01 _____

(b) 2001-02 _____

(c) 2002-03 _____

(d) 2003-04 _____

(e) 2004-05 _____

(f) 2005-06 _____

(g) 2006-07 _____

(h) 2007-08 _____

(i) 2008-09 _____

(j) 2009-10 _____

(k) 2010-11 _____

Bank Welfare Officer
Address: _____
Phone: _____

13. (b) (ii) (b) Welfare report on other members of the family.



14. (b) (ii) (b) Welfare report on other members of the family.

