



GOVERNMENT OF MAHARASHTRA
ZILLA SAINIK WELFARE OFFICE

Part-1 : ESM Information

Unique Registration Id	Register District	
First Name	Middle Name	Surname:
Service Number Of ESM:	Existing ESM Id Card:	
Fathers Name / Husbands Name:	Corps/Regiment Name	
Type Of Service Of ESM	Date Of Enrollment	Date Of Discharge
	01-01-1970	01-01-1970
Date Of Birth	Rank Of ESM	Concerned RSB
01-01-1970		
Email	Mobile No	

Part-2 : Family Information

Sr. No.	Relation	First Name	Middle Name	Surname	Date Of Birth
---------	----------	------------	-------------	---------	---------------

Part-3 : Address Information

Current Address

House No	Street No. & Name	Town
Village	City	State
District	Country	Pincode

Permanant Address

House No	Street No. & Name	Town
Village	City	State
District	Country	Pincode

Part-4 : Bank Information

Name Of Bank Account Holder:

Bank Name	Branch Name	Account No	IFSC Code	Pensioner/Non Pensioner	PPO Number
-----------	-------------	------------	-----------	-------------------------	------------

Part-6 : Document

Document	Upload Status	Document Number
1) Adhar Card	Not Uploaded	-
2) Pan Card	Not Uploaded	-
3) Discharge Book All Pages	Not Uploaded	-
4) PPO Copy	Not Uploaded	-
5) Pension Passbook Front Page	Not Uploaded	-
6) ECHS Card	Not Uploaded	-