

**CONDITIONS FOR ISSUE OF DUPLICATE
DISCHARGE BOOK**

1. This Discharge Book must be preserved carefully, 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 occurrence, through the Secretary, Zila Sainik Board.
2. 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 entries 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.



**PART-I
PERSONAL/SERVICE PARTICULARS**

1. Army No : 15664799A
2. Rank : HAV
3. Name in full
(Block Capital) : HATTIKALE
MALLIKARJUN
CHANDU
4. Father's Name
(In full) : CHANDU
MALLIKAPA
HATTIKALE
5. Religion : HINDU
6. Caste : LINGAYAT
7. Whether SC/ST : —

21. Permanent Home address:-

House No/ Name of Street /Road /Mohalla

.....
.....Village/ Town JUNJOTIPost JUNJOTI OfficeTelegraph Office OMERGATehsil OMERGANearest Railway Station SOLAPURDistrict OSMANABADState MAHARASHTRA

RSB and ZSB serving the area.....

OSMANABAD22. Aadhaar Card No. 6064 8909 830923. Email ID No. -24. PAN Card No. AGHPCL8047Q25. Permanent Contact No. 0967395050

26. ECHS Card No. _____

27. Last Pay Drawn : Basic Pay _____

Grade Pay _____

Class Pay _____

MSP _____

DA _____

Total = _____

28. PPO No _____

29. Rate of Pension:-

Service Pension _____

Disability Pension _____

Family Pension: Normal Rate _____

Enhanced Rate _____

30. AWPO Registration No _____

31. CPGRAMS /Army Veteran Portal
Registration No _____

32. Details of Handicapped Children (if any)



33. PDA Details (with IFSC code)

Type of Account	Name of Bank	Account No	IFSC Code
Single	SBI	30372525023	SBIN 0006755
Joint	SBI	11430814179	SBIN00 6755

PART-II

34. War Service showing Theatre of Operation.

S/No	Operation	From	To
(a)	_____	_____	_____
(b)	_____	_____	_____

35. Service abroad:-

- (a) Country : _____
 (b) Appointment : _____
 (c) From _____ to _____

36. Medal / Decorations / Commendations/
Mention -in-Dispatches _____50th IAM, SSM w/cOP RHINO, 09 YKSM,SSM w/c JER, HANA,HAM

37. Civil Education Qualification:-

- (a) At the time of joining service: 10+2
 (b) Acquired while in service: _____

38. Army Courses:

Course	Grading
_____	_____
_____	_____

39. Trade Test Passed (I/II/III) OCC - I



40. Details of Resettlement / Vocational Courses

- (a) _____
 (b) _____
 (c) _____

PART III

MEDICAL RECORD

41. Medical Category details:-

Medical Cat	Disabilities/ Diag	Percentage	Type of disabilities (BC/PC)	Att/ Non Att
<u>SHAPE-1</u>				

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(Note : For filling up Medical Records, refer RMB/IMB)

42. Fit / Unfit for civil employment FIT



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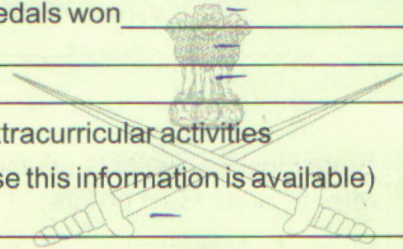
PART IV

SPORTS AND EXTRA CURRICULAR ACTIVITIES

43. Inter Services, National and International level _____

44. Medals won _____

45. Extracurricular activities
(in case this information is available)



PART V

MISCELLANEOUS

46. Occupational Record prior to joining service STUDENT

47. Total embodied service:- _____

(In case of TA)

48. Equation of Service education qualification with civil educational qualification with authority (Govt of India letter No _____)

Army Education Certificate	Civil Equivalent
ACE-I	Matric
ACE-II	VIII

(for State Govt equivalents please refer to State Govt orders)

49. Equation of Army trades with that of civil trades quoting authority of Govt of India letter. Details to be included are Civil Trade and Authority.

50. Vocation / Trades / Business for which considered fit CCC

Proficiency in MT driving / whether civil driving license or badge held. Also which type of Civil Vehicle has been driven:

- (a) Heavy Vehicle : _____ ✓
 (b) Light Vehicle : _____ ✓
 (c) Motor Cycle : _____ ✓

Financial Assistance

52. Details of Financial Assistance Provided

Ser No	Date of Payment	Nature of Assistance	From	Amount in Rs	Signature of the Paying Officer



53. Registration for re-employment:-

(a) RSB /ZSB Registration details:-

(i) Registration number: A/Tech/18/2017

(ii) Date: dt 31.10.17

(iii) RSB / ZSB (mention place): Zilla Sainik Welfare Officer
Osmanabad

(b) Civil Exchange Registration details:-

(i) Registration number : _____

(ii) Date : _____

(iii) Place : _____

*ESM Idem Card NO - MAFF-OS - 6853573
dated 11/10/2017 issued*

**Zilla Sainik Welfare Officer
Osmanabad**

54. Joint Photograph of pensioner with wife



*Maj/Lt Col
OC Depot Regt of Signals*

55. Joint Photograph of pensioner with all dependents.



*Maj/Lt Col
OC Depot Regt of Signals*

*185109/09
33453*

56. Details of family members:-

Ser No	Name	Date of Birth	Relation ship	Whether dependent or not (write 'Yes' & 'No')
01 AUTH	RUPALI MALIKA RJUN HATTIKALE 23 MECH INF 06/0001/03	171083	WIFE	YES
02 AUTH	SHUBHAM HATTIKALE. M 33 ADJR 182/06/06	240705	SON	YES

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56. Details of family members:-

Ser No	Name	Date of Birth	Relation ship	Whether dependent or not (write 'Yes' & 'No')
03 AUTH	SHUBHANGI 101 DSR 010339/002/2014	111213	DAUGHTER	YES
04 AUTH	CHANDU MALLIKA PPA HATTIKALE AS PER RECORD	010741	FATHER	YES
05 AUTH	SHARDA BHAI AS PER RECORD	010751	MOTHER	YES

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Date: 05 SEP 2017

Signature of Soldier: Mattikale

[Signature]

(Signature of Issuing Authority)

Maj/Lt Col

OC Demob Coy

Depot Regt (Corps of Signals)

Station

JABALPUR (M.P.)



Supvr

Demob Coy

Depot Regt (Corps of Signals)

Date 30 SEP 2017



57. CSD Card No : _____

In Service _____

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 : RUPALI MALLIKARAJU
MATTIKALA (WIFE)

Dt of expiry of certificate : _____

62. ZSB/RSB ID No/EXSM ID No _____

