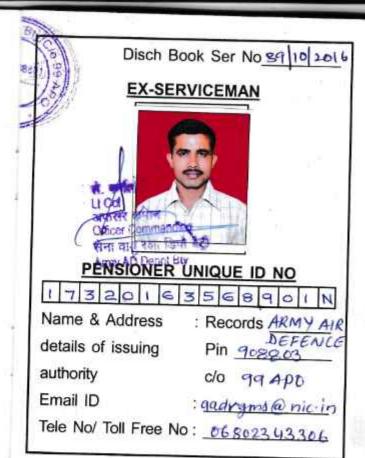
CONDITIONS FOR ISSUE OF DUPLICATE DISCHARGE BOOK

- 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.
- 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, alteration/ 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 in charge Records.



PART-1 Date of Enrollment 29.06 1997 PERSONAL/SERVICE PARTICULARS Date of Disch/ invalidment 31 0CT 2016 (AN) 10. Army No 71. Cause of Disch PMR 1. : 15766009N Clause of Disch ITEMNO III (IV) OF AR 13(3) 2 Rank NK (BMT) Name in full : JAYBHAYE BHIMPA 13. Trade DMT 3. (Block Capital) SHANKAR 14. Total qualifying Service 19 Yrs 64 Months 03 Days -Father's Name SHANKAR DHON-15 Character EXEMPLARY DIBA JAYBHAYE In full 16. Colour of Eyes BLACK Religion : HINDU 167 CM 17. Height 6. Caste : VANGARI 18. Identification Marks :-Whether SC/ ST: -(i) MOLE 9CM FROM ET NIAPLE AT 1:30 Date of Birth 8. : 01.06.1977 (II) MOLE 45 CM FROM UMBILICONAT 11 'O' CLOCK

Pin Code 414502

5	5
22.	Aadhaar Card No 428944301399
23.	Email ID No bhimray jay braye 1977@
24.	PAN Card No AKVDJ 1990 M
25.	Permanent Contact No 955236163
26.	ECHS Card No
27.	Last Pay Drawn :
	Band Pay 11840
	Grade Pay 2500
	Class Pay 2co
	MSP 2000
	Total =16940
28.	PPO No 5/35689/2016(ARMY)

29.	5 (0000 CH) (000	6 Pension:- Pension		Semiy 4.	**N= 00280	0 99 45 34	War	PA Service	7 RT-II showing	Theatre
	Disabilit	y Pension Pension: N	Normal Ra			Оре	Ser No		From	То
30.	PDA De	100	IFSC co				(a)	RAKSHAK-	26:09:000	05-12-02
		Name of Bank	Account	IFSC Code			(b)	4		10
			353074-	581N000			(c)			
	Joint	sei	3228921-	SBINDER		35.		rice abroad:		1
2.	CPGRA			an Portal			(a) (b) (c)	Appoint	:	
3. ny)		of Handid	capped C	hildren (if		36. Men		al /Decorati n-Dispatche		SSM,

37.	8 Civil Education Qu	MAY	RIC	8	<u>P/</u>	9 ART - I	<u>u</u>	
20	(a) At the time of j (b) Acquired while	oining service: _		41. Medic		ory de	tails:-	
38.	Army Course:	Grading		Medical Cat	Disabilities/ Diag	Percentag	Disabilities (BC/PC)	Atr/ Non Atr
	- 8			SHAPE-	ī ×	AL COL	Agr	
39.	TradeTest Passed(I	TIVIII) I (one	\ \ \ \	(Note: For fil 42. Fit/U		100	to Va	ZI
	Details of Resett	lement Vocation	25	850	36	ART I	- 7/2	9
1000	-		- 2	SPORTS		TIVITI	CURRIC	ULAR
1	MI) dies			43. Inte Internation				

10 / 5/ 20	1011	11
E De		Certificate Civil Equivalent
4. Medals won	ACE-I	Metric
	ACE-II	VIII
45. Extracurricular activities (in case this information is available) PART V MISCELLANEOUS 46. Occupational Record prior to joining service CTUDENT 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 15 013 13 0 5 123 15 5 7 (D) CTRADUATION ASSESSI	49. Equation of civil trades quoting letter. Details to be and Authority 150. 50. Vocation /Traconsidered fit 151. Proficiency in driving license or type of Civil Vehicle (a) Heavy Vehicle (b) Light Vehicle	t equivalents please ate Govt orders) Army trades with that of authority of Govt of India included are Civil Trade (12)12 08 82 EST(5)17 Fordes/ Business for which EVER BUSINESS for which badge held. Also which the has been driven: IMHI2 20080092291 IMHI2 20080092291 IMHI2 20080092291

12

Financial Assistance

52. Details of Financial Assistance Provided

Ser No	Date of Payment	Nature of Assistance	DECOMPOSITION OF THE PARTY OF T	Signature of the Paying Officer

- 53. Registration for re-employment:-
 - (a) RSB /ZSB Registration details:-
 - (i) Registration number
 - (ii) Date
 - (iii) RSB / ZSB

(mention place) ____

- (b) Civil Exchange Registration details:-
 - (i) Registration number _____

 - (iii) Date ______(iii) Place _____

13

Joint Photograph of pensioner with



55. Joint Photograph of pensioner with all dependents.



14

Details of family members:-56.

Ser No	Name	Date of Birth	Relationship	Whether dependent or not (write 'Yes & 'No')
L	SAVITA	31.05	WIFE	YES
2.	SNE HA BHIMRAT	15:08	DAUGH- TER	YES
	JAYBHAYE	,012 (Q)		1
3.	YESH	17.10	SON	YES
	77			

Date: 3100/16 Signature of Soldier

(Signature of issuing Authority

15/	15	
57	CSD Card No:	
3/	In Service	
	On Retirement LA 02060510385400	20.2
58.	ECHS Card No	200
59.	AWHO allotment, if any	
60.	Voter ID No	
61.	Extended Insurance Certificate details:-	
	Certificate No 4094-3870	
	Name of Nominee SAVITA BHIDRAJ	
	Dt. of expiry of certificate 31-10-2046	
62. 6	ESBI RSB ID No! EXSM ID NOVAH-1	7/
	Zilla Saint Welfare Officer	
	Altaounogar-414004	

REGD BY POST

Sena Vayu Raksha Abhilekh Army Air Defence Records PIN: 908 803 c/o 99 APO

14 Jul 2023

AAD/SR/15766009N/Pt II/NE Lib

No 15766009N Ex Nk Jaybhave Bhimraj Shankar VPO- Wadule Bk, Teh – Shevgaon, Distt – Ahmednagar, Maharashtra – 414502 Mob - 9552361637

PUBLICATION OF NE SERIES PART II ORDER

- Refer to your application received vide Zila Sainik Welfare Office, Chandani Chowk. Ahmednagar letter No 1812/ZSWO-8/509 dated 04 May 2023.
- It is intimated that, the occurrences regarding change of name in respect of your wife and son has been published vide Part II Order No's as noted below and entry to this effect have also been made in your service document:-

Ser	Nature of Cas	Name with relation	Date of change	Authority	
(a) CHNMWF		SAVITA BHIMRAJ JAYBHAYE (Wife)	The same of the sa	1/0833/0010/2023 dated 15 Jun 2023	
BHII	(i) Nar MRAJ JAYB	ne of your wife SAVITA B HAYE wef 14 Jun 2023.	HIMRAJ now c	hanged as SAVITA	

Ser	Nature of Cas	Name with relation	Date of change	Authority
(b)	CHFMNM	YASH BHIMRAJ JAYBHAYE (Son)	14 Jun 2023	1/0832/0003/2023 dated 15 Jun 2023
IAV	(i) Nar	ne of your son YESH now 14 Jun 2023.	changed as	

This is for your information and necessary action please.

(an art this section)

* Date

| Content of the section | Content of th

Maj

for OIC Records

Copy to :-

Zila Sainik Welfare Office, Chandani Chewk, Ahmednagar - 414001 for info wrt your letter as quoted at Para 1 above.