



Shri. Bhava dasan

PROCEDURE FOR REGISTRATION

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE

DTE GEN RESETTLEMENT PUBLICITY DIRECTORATE WEST
BLOCK IV, WING V, R.K. PURAM, NEW DELHI - 110066

No. 3731/DGR/PUB

20 May, 1998

To

RSBS

**PROCEDURE FOR REGISTRATION OF DEPENDENTS OF DEFENCE SERVICES
PERSONNEL KILLED IN ACTION/MEDICALLY BOARDED OUT AND UNFIT FOR
CIVIL EMPLOYMENT.**

The dependents i.e. son/daughter/near relatives of the members of Armed Forces who died during service or were killed in action or medically boarded out or unfit for civil employment can be considered for employment in civil ministries and departments under the Govt. of India in relaxation to the Employment Exchange procedure subject to the conditions mentioned in Department of Personnel and AR OM No. 14014/1/77-Estt (D) dated 25-11-1978 (copy enclosed for ready reference).

2. For seeking employment under these orders the eligible persons are required to register their names with Ex-servicemen Cell of Director of Employment Exchanges, New Delhi. The following registration formalities are to be completed:

- a. The dependents of persons killed in action will apply for registration of their names through their Zila Sainik Boards with parts A to E of the enclosed form duly filled in.
- b. The dependents of peace time deceased/severly disabled soldiers/medically boarded out and unfit for civil employment will apply for registration of their names with Parts A to E duly filled in through their Record Offices who after certifying the discharge status of the person in part F of the enclosed form will forward the same to the Zila Sainik Board.
- c. The Zila Sainik Boards on receipts of the form will forward the same to the Director of Employment Exchanges Ministry of Labour (DGE&T), EX-Servicemen Cell, 2A/3, Asaf



Ali Road, Kundan Mansion, New Delhi-110002 for registration with part G of the enclosed form duly filled in.

- d. The Director, Employment Exchanges will register the name of the person on receipt of the same from the ZSB and also forward a copy of the same to the local Employment Exchanges.
- e. The Central/Local Employment Exchanges sponsor such personnel against suitable reserved vacancies as and when notified to them.

3. Govt. of India, Ministry of Home Affairs, Department of Personnel and AR vide their OM No. 14034/3/84-Estt (D) dated 31-7-84 have issued a list of categories to whom various priorities have been allowed for the purpose of employment through Employment Exchange/DGE&T (Special Cell). The order inter alia provides as under:

PRIORITY-I

1. (Not relevant)
2. (Not relevant)
3. Disabled Ex-Servicemen disabled during war.
4. (Not relevant)
5. Disabled Ex-Servicemen disabled during peace time provided their disability is attributable to military service.
- 6.

PRIORITY-II (A)

1. Upto two members each of the family of Defence services personnel killed in action.
2. Upto two members each of the family of Defence services personnel who have been disabled in action and are totally unfit for re-employment.
3. (Not relevant)
4. Upto two members each of the families of Defence services personnel killed or severely disabled in 1947-48 Kashmir Operation, war like Operations, Goa and Hyderabad Operation, war like Operations on borders with neighbouring countries including armed hostilities like Nagas and Mizos, after examining each case on the merits in consultation with the D.G.E.&T.
6. Upto two members each of the family of Defence services personnel who have been disabled during peace time with over 50 percent disability and who have become unfit for re-employment (provided the disability of the soldier is attributable to military service).

PRIORITY-III



1. (Not relevant)
 2. Demobilised personnel of the Armed Forces.
 3. (Not relevant)
 4. Defence personnel who were transferred to the reserve and members of the defence forces who on retrenchment or retirement join the Territorial Army.
 5. (Not relevant)
- A copy of the DP&AR OM dated 31-7-84 *ibid* is enclosed for ready reference.
4. Ex-servicemen/dependents etc who were eligible for employment in the Central Govt. for the categories mentioned above may complete the registration formalities with the appropriate authorities so that their cases could be considered by potential employer department.
 5. It is requested that these instructions/orders may be given a wide publicity so that all the posts reserved for Ex-Servicemen/eligible dependents are filled.

Sd/-

(B.B. MOHAN)

DIRECTOR (PUBLICITY)

Application form to be submitted by the dependents of
Soldiers Killed/Severely Disabled in war/Peace while Applying for Employment
Assistance under Priority II-A

PART 'A'

Particulars of the deceased/severely disabled soldier (Delete whichever is not applicable)

1. Service No Rank
2. Name of deceased/Severely disabled soldier
3. Operation in which killed/severely disabled
4. Date of death/disability



5 Name of Record Office

PART 'B'

**Nomination Form to be filled and signed by the widow/
Parents of the Deceased Soldier.**

**(In case of Disabled Soldier Nomination should be
made by him only)**

I.....widow/mother/father of deceased/severely disabled soldier
(self) (/delete whichever is not applicable)

Rank.....Name.....resident of
village.....PO.....Teh.....

.....District.....State.....do solemnly nominate

Shri/Kumari/Smt.....son/daughter/wife of.....resident of
village.....PO.....

District.....State.....for providing
employment assistance as dependent under priority II A so as to enable him/her to
support me.

Signature/Left thumb impression of the widow/
mother/father of deceased/disabled soldier

PART 'C'

**Particulars of dependent of the soldier killed/severely
disabled in war/peace (To be filled and signed by the dependent)**

1. Name (In Block letters)
2. Father's/Husband's name
3. Complete address with PIN code no.
for correspondence



4. Relationship with the deceased/severely disabled soldier

5. Whether Scheduled Caste/Scheduled Tribe/Physically Handicapped /Ex-Servicemen

(If belonging to any of above category, submit a copy of certificate)

6. Date of birth

7. Details of Educational/Technical qualifications:

Name of the examination passed	Subjects offered	Division/ Percentage of marks	Name of the Board/ University	Year of passing
1	2	3	4	5

8. Whether knowing Typewriting/Shorthand (if yes, the language and speed per minute

9. Details of present/past employment, if any

10. Type of job required/desired

11. Whether willing to serve out of the State where residing? If yes, the name of State where willing to serve in the order of preference:

(a) (b) (c)

12. Name of the Employment Exchange where registered

a)..... (b) Regn. No

(c) NCO Code

13. Any other information, desired to be given.....

I hereby declare that all information furnished above is true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my case is liable to be rejected or cancelled.

Date:.....

Signature/LTI of the Dependent

PART 'D'
FAMILY DETAILS OF THE DECEASED/SEVERELY DISABLED SOLDIER

(To be filled by the widow/parents of the deceased/severely disabled soldier (self) (Delete whichever is not applicable))

No..... Rank.....
 Name..... Resident of VIII.....
 PO..... Dist/State.....
 (A) Whether deceased/severely disabled soldier was (B) Amount of Pension/Family
 married or not (Write Yes/No)..... Pension RS.....
 (C) Name of recipient of the pension/family pension

Sl. No.	Name of each family member of the deceased/severely disabled soldier	Present address	Relationship with the deceased/severely disabled soldier	Monthly income/salary of the family member	Qualification	Past/Present employment and experience (if any)	Aids given by DGR/ Central State Govts.
1							
2							
3							
4							
5							
6							
7							
8							

(Attach separate sheet if required)

I hereby declare that all the information furnished above is true and correct.

Signature of Widow/Mother/Father
of the deceased/Severely disabled soldier.



Place:.....

PART 'E'

Declaration to be given by the dependent (other than widow/son/daughter) who undertakes to support the family of the deceased/severely disabled soldier.

(To be filled by the dependent)

I.....son /wife/daughter of resident
b Village..... PO.....
Teh.....District.....State..... do solemnly declare
to maintain the family of
No.....Rank.....Name.....Regiment/Unit/
Corps.....who was killed/severely disabled in.....operation/
peace and whose particulars are given in part 'A' of the form, provided I am given a
job/employment.

Date.....

Signature of Dependent

PART 'F'

**(To be certified by the Record Office in case of PEACE TIME
deceased/severely disabled soldier only)**

Certified that the particulars given in respect of deceased/severely disabled soldier
in Part 'A' of the form are correct.

It is further certified that the death of deceased soldier whose particulars are
given in Part 'A' of the form has been accepted attributable to service (Naval/Air/Army)
by Controller of Defence Accounts (P) Allahabad.

It is further certified that the disability of the soldier whose particulars are given in
Part 'A' of the form has been accepted.

- (a). Attributed to service by CDA(P) Allahabad
- (b). Over 50% (Write percentage of Disability)
- (c). He was declared unfit for civil employment by the Medical Board at the time of
discharge.



(Delete whichever is not applicable)

For Record Office: Give details of death, disability in brief (i.e. Cause/Nature/Place etc whichever is possible/applicable).

Date.....

Signature of Record Officer.

Place.....

Name.....

Office seal

Rubber stamp

Important Note: Please attach a certified true copy of CDA(P) Allahabad Letter accepting death/disability of above soldier as attributable to military service with this form.

PART 'G'

Certificate to be given by the Secretary, Zila Sainik Board after thorough verification with the help of the civilian district authorities, where necessary (To be given by Secretary, Zila Sainik Board only)

Certified that the information given in Part 'A' to 'F' in respect of No..... Rank.....Name.....(deceased/severely disabled soldier), his family and dependent Shri/Kumari/Smt..... (write name of the dependent who seek employment) is found to be true and correct.

Place.....

Signature.....

Date.....

Name of Office Seal.....

Stamp.....

Notes:

1. In case of Peace Time deceased/severely disabled soldier, this certificate should be given only after Part 'F' of the form has been certified by Record Officer and dependent is found eligible for employment assistance under priority II (A)
2. Upto two dependents are only eligible for employment assistance under Priority II (A).
3. Dependents of only those disabled ex-servicemen are eligible for employment assistance under Priority II (A) who were severely disabled with over 50% disability



attributable to military service and declared unfit for civil employment by the medical board.

4. The form duly completed and certified may be forward by Zila Sainik Board to Ex-Servicemen Cell of Ministry of Labour whose address is given below (The forms received direct from the individuals are not accepted by Ex-servicemen Cell):

Director of Employment Exchanges, Ministry of Labour (DGE&T),
EX-Servicemen Cell, 2A/3, Kundan Mansion, Asaf Ali Road, New
Delhi-110002.

5. Before forwarding the form of peace time dependents to Ex-servicemen Cell, please ensure that a copy of CDA(P), Allahabad letter/certificate accepting death/disability of deceased/severely disabled soldier attributable to military service has been attached with the form.