

# CERTIFICATE NO - 1

## CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS SERVICE IN THE ARMY, RETIRED/ RELEASED/ DISCHARGED AFTER 10 YEARS OF SERVICE/KILLED IN ACTION/DIED DURING SERVICE/DISABLED IN ACTION/MEDICALLY BOARDED OUT WITH PENSION

*(By OC Unit/Army Personnel Branch/DSS & A Board/Record .Office)*

1. Certified that Mr/Ms.....is Son/ Daughter of  
No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ Unit \_\_\_\_\_ who has 10 years of continuous service in the Army from \_\_\_\_\_ to  
\_\_\_\_\_ -

2. Certified that Mr/Ms \_\_\_\_\_ is  
Son/Daughter of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ who has been released/ discharged from Army after  
10 years continuous service from \_\_\_\_\_ to \_\_\_\_\_

3. Certified that Mr/Ms \_\_\_\_\_ is  
Son/Daughter of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ who has been granted/awarded regular  
pension, liberalised family pension, family pension or disability pension at the time of his superannuation, demise  
discharge, release medical board/invalided medical board.

4. Certified that Mr/Ms \_\_\_\_\_  
is son/daughter of No \_\_\_\_\_ Name \_\_\_\_\_ ex  
recruit No \_\_\_\_\_ Name \_\_\_\_\_ who was medically  
boarded out and granted disability pension.

Place: OC Unit/Head of Department/Records Office/DSS & A Board  
Date : Name  
Designation  
Office Seal

Name of the Candidate \_\_\_\_\_ Signature \_\_\_\_\_  
Name of Parent \_\_\_\_\_ Signature \_\_\_\_\_

### **Notes :**

1. Strike out the portion which is not applicable.
2. If retired/released with pensionary benefits, attach Certificate from pension paying authority.
3. If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.
4. If released/discharged after 10 years of service, attach copy of discharge certificate/ release order.

## CERTIFICATE NO - 2

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK**  
**WHERE AT LEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED**  
**CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN ADOPTED**  
**ATLEAST 5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

*(By Personnel Branch Army HQ/ OC Unit)*

1. Certified that Mr/Ms \_\_\_\_\_ is son/ daughter of  
No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ Unit \_\_\_\_\_ and he/she was born from wedlock where the  
father/mother belonged to Army and had served in the Army for 10 years or is serving in the Army and has  
minimum 10 years of service.

2. Certified that Mr/Ms \_\_\_\_\_ is son/ daughter of  
No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_,  
who has 10 years of service in the Army and he/she was adopted on (5 years prior to commencement of  
course).

Name of the Parent \_\_\_\_\_

Signature \_\_\_\_\_

Rank \_\_\_\_\_ No, \_\_\_\_\_

Place :

Signature of the Concerned OC Unit/ Concerned Record Office)

Date :

Name

Designation Office Seal

Name of the Candidate \_\_\_\_\_

Signature \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature \_\_\_\_\_

**Notes:**

1. Attach copy of legal papers and Part II order of adoption of child.
2. Attach Certificate/ Part II order of birth and copy of kindred roll.

# CERTIFICATE NO - 3

## CHILDREN OF ARMY MEDICAL CORPS /AD CORPS OFFICERS SERVING- IN AIR FORCE /NAVY MEDICAL ESTABLISHMENT /MNS/APS AND TA PERSONNEL

*(By Parent, Countersignature by OC Unit)*

1. I, \_\_\_\_\_ No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ Father/Mother  
of \_\_\_\_\_ certify that:-

- (a) I am/was commissioned in Army Medical/Army Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.
- (b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.
- (c) I am an APS personnel on deputation who has put in more, than 10 years of service in the Army from \_\_\_\_\_ to \_\_\_\_\_.

OR

- (d) I am an APS personnel directly recruited into APS and who is still serving in Army wef \_\_\_\_\_  
\_\_\_\_\_.
- (e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied \_\_\_\_\_ service in TA from \_\_\_\_\_ to \_\_\_\_\_.
- (f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNS.

Place :

Signature

Date :

Name, Designation and Unit

### **CERTIFICATE**

### **(BY OC UNIT)**

The facts in the above mentioned undertaking have been verified from official records and found correct.

OC Unit (for serving personnel) DSS & A Bd(for retired personnel)

Date :

Name,

Office Seal

Designation and

Unit

### **COUNTERSIGNED**

Concerned Staff Officer of Fmn HQs (for serving personnel) DSS&A Board(for retired personnel)

Date :

Name

Office Seal

Designation

Name the Candidate \_\_\_\_\_

Signature \_\_\_\_\_

1. Strike out the portion /Para not applicable.
2. Relevant documents of service records.

# CERTIFICATE 4

## GALLANTRY AWARD

*(By OC Unit/Record Office/DSSA Board)*

It is certified that Army No \_\_\_\_\_ Rank  
\_\_\_\_\_  
Name  
\_\_\_\_\_ of \_\_\_\_\_ Unit \_\_\_\_\_ /Regt/Corps  
\_\_\_\_\_ has  
been \_\_\_\_\_ awarded  
\_\_\_\_\_ on  
\_\_\_\_\_ (Date/Month/Year).

The same has been published vide Part II Order No \_\_\_\_\_ Date  
\_\_\_\_\_/Gazette Notification \_\_\_\_\_ dated  
\_\_\_\_\_

Signature

Name

Place:

Designation

Date:

Office Seal

(Name and signature of the Applicant)

- Photocopy of Part II Order/ Gazette Notification is to be attached.
- For Proof of Sena Medal [Gallantry] Candidates must attach a certificate from MS-X that the Sena Medal has been awarded for Acts of Courage and Bravery.

# CERTIFICATE 5

## MEDICAL FITNESS

*(By PC MH/Auth Medical Attendant)*

It is certified that I have carefully examined Mr./Ms. \_\_\_\_\_  
age \_\_\_\_\_ son/daughter/wife \_\_\_\_\_ of  
\_\_\_\_\_ and further certify that he/she has  
good physical and mental health and free from any disability likely to interfere in his/her undergoing  
\_\_\_\_\_ Course.

He/she has no abnormality in the heart and lungs and history of mental disease or epileptic fits.

His/her major test results are as under :-

- (a) Height: \_\_\_\_\_ cms  
(b) Weight : \_\_\_\_\_ Kgs  
(c) Chest: \_\_\_\_\_ cms Expanded \_\_\_\_\_ cms
- (d) Vision :
- |                                 | Better Eye | Worst Eye |
|---------------------------------|------------|-----------|
| (I) Distance Vision (corrected) |            |           |
| (II) Near Vision (corrected)    |            |           |
- (e) Hearing: Left Ear Right Ear  
(f) Blood Group

Signature of OC MH/Auth Med Attendant  
Head of Department  
Name  
Designation

Place:

Date :

Office Seal