

Annexure-‘A’

Form of certificate to be furnished by the sons/daughters or wives of ex-servicemen to be considered against the posts reserved for ex-servicemen.

It is certified that Sh./Kumari/Smt. _____ resident of Village _____ PO _____ Tehsil _____ District _____ (Himachal Pradesh) is the dependent son/daughter or wife of Shri _____ Ex.Servicemen No. _____ Rank _____ who has not been rehabilitated through employment against the post reserved for Ex-servicemen with the H.P. Govt./Corporation /Board/Autonomous Body of H.P. as well as Central and other State/Union Territory Government or Public Sector Undertaking/ Autonomous Body/Banks, etc. under the control of the said Central or other State/Union Territory Government.

Date:
Place:

Patwari/Pradhan of Gram Panchayat/
President of Municipal Committee or
Notified Area Committee/ Executive
Officer of the Municipal Corporation of
the area.

Countersigned by

Tehsildar/ Sub-Divisional Officer(Civil)
Of the area.

Annexure-‘B’

Affidavit

I _____ Son/daughter/wife of Sh. _____ Ex. Servicemen No. _____ Rank _____ resident of Village _____ PO _____ Tehsil _____ District _____ (Himachal Pradesh) do hereby solemnly declare and affirm that neither my father nor other ward (i.e. son/ daughter) of my father/ Husband has been provided employment any against the vacancies reserved for Ex-servicemen under the HP. Govt./Corporation/ Board/ Autonomous Body of H.P. as well as Central and other State/Union Territory Government or Public Sector Undertaking/ Autonomous Body/ Banks, etc. under the control of the said Central or other State/Union Territory Government.

Deponent

Countersigned by

Tehsildar/ Sub-Divisional Officer(Civil)
Of the area.

Date:-
Place:-

WEXM Certificate

It is certified that Sh./Smt./Kumari _____ Date of Birth _____ who has been married with Shri. _____ S/o Sh _____ R/o vill. _____ PO _____ Tehsil _____ District _____ State _____ on _____ (as per the certificate produced by the applicant from the concerned Gram Panchayat Authority) is a Daughter of No. _____ Rank _____ Name Resident of Vill. _____ PO _____ Teshil _____ Distt. _____ (HP) as per the records held in discharge certificate of the above named ex-servicemen.

Deputy Director
Zila Sainik Welfare

Date:-
Place:-

