

**APPLICATION FORM FOR TRAINING OF EX-SERVICEMEN (JCOs/OR)**

**PART A**

Service No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Arm/Service/Trade : \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Educational Qualifications : Civil \_\_\_\_\_ Military \_\_\_\_\_

Date of Retirement \_\_\_ / \_\_\_ / \_\_\_ Character as mentioned in the discharge certificate : \_\_\_\_\_

Name of Course in which training is desired\* : \_\_\_\_\_

Starting Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Concluding Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Civil Experience, if any, in the Particular Trade : \_\_\_\_\_

Any pre-release course attended before retirement \_\_\_\_\_

Date : \_\_\_\_\_ Signature \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Pin : \_\_\_\_\_

**Documents Required**

(a) Photocopy of Ex-Servicemen Discharge Book

(b) Photocopy of Ex-Servicemen Identity Card

\* This course being a regular course for retiring personnel, no stipend is admissible to ESM in this course.

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**PART B**

**VERIFICATION BY ZILA SAINIK BOARD**

Certified that the above particulars have been verified from the discharge certificate of the individual.

Secretary  
Zila Sainik Board

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**FOR OFFICIAL USE ONLY**

Recommended / Not Recommended for the course

Date :

Joint Director (Training)  
For Director (Training)