

DOCUMENTS REQUIRED FOR GRANT OF CASH AWARDS

The following documents are required to be submitted in triplicate to Zila Sainik Welfare Office, Sector 21-D, UT Chandigarh, PIN-160022 for grant of Cash Awards, monthly allowance and Land or monetary grant in lieu of land to gallantry award winners. The specimen of documents and notification has been uploaded to this office website www.chandigarhsainikwelfare.org

Ser No	Documents	Remarks
(a)	Application (as per format)	In Triplicate
(b)	Gazette of India Notification (Self attested)	-do-
(c)	Residence Proof Certificate issued by the SDM Chandigarh in original & two self attested photocopies	-do-
(d)	Self declaration with latest photograph and signature across the photograph with half signature on the photo and half on the paper	-do-
(e)	Widow Identity Card issued by Zila Sainik Welfare Office UT Chandigarh, three copies self attested	-do-
(f)	Death certificate in respect of her husband (for widow)	-do-
(g)	Non re-marriage certificate (for widow)	-do-
(h)	Photocopy of PAN Card	-do-
(j)	Photocopy of Aadhar Card	-do-
(k)	Family details	-do-
(l)	Bank Details (to be verified by bank)	-do-

Note

1. Once the Cash Award Claim is passed by Chandigarh Administration, a Saving Bank Account is to be opened in **State Bank of India, Sector 17-D Chandigarh** and intimate direct to The Deputy Commissioner-cum-Controller Civil Defence, Union Territory, Chandigarh. This is applicable only to the cash awardees who will receive monthly allowances.
2. Cash award winners who received one time lump sum amount are not required to open the above account.
3. Any queries regarding payment may please be made to 'The Deputy Commissioner-cum, Controller Civil Defence, Union Territory, Chandigarh' at Telephone No **0172-2704048**.

**APPLICATION FOR GRANT OF CASH AWARD TO RECIPIENTS OF THE
GALLANTRY AND OTHER DEFENCE DECORATIONS**

(Widow of the Defence Personnel)

1. Name of the Widow : _____
2. Service No of the husband : _____
3. Name of the husband : _____
4. Rank of the husband : _____
5. Unit where served by the husband : _____
6. Home Address : _____

7. Husband's Address : _____
at the time of Commission _____

8. Name of the Award : _____
9. Nature of the award : * _____
(*Gallantry or Distinguished Service)
10. Date of the award : _____
11. Authority for the award : _____
(Gazette of India Notification No & dt attached)
12. Ser No of Gazette Notification mentioning the name of Award : _____
13. Self Declaration (attached / not attached) : _____
14. Residence Certificate issued by : _____
SDM Chandigarh (attached / not attached)
15. Husband's Death Certificate (attached / not attached) : _____
16. Non re-marriage Certificate (attached / not attached) : _____
17. Bank Details (attached / not attached) : _____
18. Family details (attached / not attached) : _____
19. Widow Identity Card No (attached / not attached) : _____
20. Aadhar Card No (attached / not attached) : _____
21. PAN No (attached / not attached) : _____
22. Contact No : _____
23. E-mail ID : _____

This is submitted for your kind consideration and for necessary action please.

Dated :

(Signature of the widow)

RESIDENCY CERTIFICATE

(To be issued by SDM Chandigarh only)

As reported by the Tesildar, UT Chandigarh vide report dated _____. It is certified that permanent residence address of Service No _____ Rank _____ Name _____ S/O Sh _____ is House No _____ Sector _____, UT Chandigarh.

Station : Chandigarh

Sub Divisional Magistrate,
UT Chandigarh

Dated :

No : S.M.M.(C)/

SELF DECLARATION

I, Smt _____ Wife of Late Service No _____ Rank _____ Name _____ S/O _____ resident of House No _____, Sector _____ UT Chandigarh do hereby solemnly affirm and declare as under :-

1. That my husband (now I) are permanent resident of UT Chandigarh.
2. At the time of Commission in Army/Navy/Air Force the address of my husband was _____.
3. That my husband was awarded _____ Gallantry Award by the President of India on _____ vide Gazette of India Notification No _____ dated _____.

OR

That my husband was awarded _____ Distinguished Service Award by the President of India on _____ vide Gazette of India Notification No _____ dated _____.

4. That my husband was a permanent resident of Chandigarh and he has not claimed / received any grant, monthly allowance land or monetary grant in lieu of land from any other State Govt/UT as well as from Union Territory Chandigarh. He has/had been expired on _____. Now I am claiming for the said cash award claim from UT Chandigarh. I will not make any claim in future from any State/UT's for the same award.
5. That after death of my husband I have not re-married / re-married with my late husband's real brother.
6. "I, Smt _____ Wife of Late Service No _____ Rank _____ Name _____ S/O _____ resident of House No _____, Sector _____ UT Chandigarh, verify that the above contents are correct to the best of my knowledge and belief and nothing has been concealed therein. I am aware that in case the information furnished above is found to be incorrect, I shall be liable for prosecution under Section 177 & 191 of the Indian Penal Code, which stipulates imprisonment and fine"

Past latest
photograph
with half
signature on
the photograph
and half on the
paper

Station : Chandigarh

Dated :

(Signature of the applicant)

FAMILY DETAILS

I, Smt _____ Wife of Service No _____ Rank _____
Late _____ S/O _____ resident
of _____ Union Territory, Chandigarh
do hereby submit that my husband was granted
_____ Gallantry Award/Distinguished Service Posthumous
Award by the President of India on _____ vide Gazette of India Notification No
_____ dated _____.

2. The family details of my husband are as under :-

Ser No	Name	Relationship with deceased	Address & contact No
		Wife	
		Mother	
		Father	
		Son/daughter	
		-do-	
		-do-	

Station : Chandigarh

Dated :

(Signature of the applicant)

NON-REMARRIES CERTIFICATE

I Smt _____ wife of Late No _____ Rank _____
Name _____ resident of _____
hereby declared that my husband has died on _____ (date).

2. It is further certified that after death of my husband I have not re-married.

Dated _____

(Signature of applicant)

Two Witnesses

(i) Signature _____

(ii) Signature _____

Name _____

Name _____

S/O _____

S/O _____

Address _____

Address _____

It is certified that I know to the above widow since last _____ years and she is not drawing family pension from any organization/establishment so far.

(Signature of Village Sarpanch/MC)

COUNTERSIGNED

BANK DETAILS

The Bank Details for e-payment of cash awards benefits are as under :-

Name of Account Holder	
Bank Name	
Account No	
IFSC Code	
Bank Branch Code	
MICR Code	
Bank Address	
DBT Aadhaar Link (to be verified by bank)	

Dated :

(Signature of the applicant)

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Bank verification :-

It is certified that Bank Account No _____ of _____ (Name of Bank) IFSC Code No _____ in respect of Smt _____ has been seeded with her **Aadhaar Card No _____ and attached/available this account number on PFMS (DBT), NPCI Server.**

Bank Seal _____

Dated :

(Signature of Bank Manager with Designation Stamp)