

Appendix "B"

For Defense Special Category only

DEPENDENTS OF DEFENCE PERSONNEL KILLED IN ACTION /DIED ON DUTY IN SERVICE /DISABLED DURING SERVICE

(By CO/OC Unit/ Service HQ/ Record Office/RSWO/ZSWO)

(This certificate to be produced in original at the time of Personal Interaction and Writing Ability Test –PI-WAT)

It is certified that Mr. /Ms. _____ son/ daughter / Spouse of

No. _____ Rank _____ Name _____

Unit/Records/HQ _____.

- He/ She (Defense Person) is battle casualty (Killed during War/ Ops/CI Ops): _____ (copy of death/Battle Casualty certificate) who awarded liberalized /war family pension copy of PPO attached. The copy of Discharge Book issued by concerned authority is also required to be attached.
- Or He/ She died during service due to _____
- (Copy of death/ Medical certificate/Physical casualty certificate) who awarded special family pension PPO copy attached. The copy of Discharge Book issued by concerned authority is also required to be attached.
- Or disabled in action (War/ CI /War like operations/bona fide duty with more than 50% disability copy of Medical certificate, disability certificate, PPO copy / disability PPO copy attached. The copy of Discharge Book issued by concerned authority is also required to be attached.
- **Or Strike out the portion which is not applicable.**
- Please note that Admission to above category would be subject to conditions that the candidate meets the laid down qualitative requirement and will be as per merit in this category.

Signature of Candidates: _____ Signature of Defense Dependent: _____

Signature (not below Officer Rank), Name & Designation

*** CO/OC Unit /Head of Department /Service
HQ/Record Office In case of serving**

*** Records/RSWO/ZSWO or Army /Navy/Air Force HQ
for officers. In case of discharged/ Retired/Killed/Died.**

Office Seal

Date: