

DECLARATION

As required vide Army HQ's dt. no. A/100651/09.B(X) of dt (A) dt 07/07/1998)

Ex.No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
hereby declare that I have been shifted permanently from district \_\_\_\_\_  
my new and old home addresses are as under: -

**NEW HOME ADDRESS**

**OLD HOME ADDRESS**

H.No.-----

H.No.-----

Street/ Village:-----

Street/Village:-----

Post Office:-----

Post Office:-----

Police Station:-----

Police Station:-----

Tehsil:-----

Tehsil:-----

District :-----PIN-----

District :-----PIN-----

State:-----

State:-----

NRS:-----Kms-----

NRS:-----Kms-----

Mob No. -----

I am enclosing my discharge certificate Serial No. \_\_\_\_\_ for necessary amendment of home address is requested to submit my declaration along with my discharge certificate to my records i.e. \_\_\_\_\_ after verification by your office and my old Zilla Sainik Welfare Officer \_\_\_\_\_.

To,  
The Zilla Sainik Welfare Officer,

SIGNATURE OF THE INDIVIDUAL

**REMARKS OF THE ZILLA SAINIK WELFARE OFFICER**

The New Home Address of the individual has been verified and found correct and it is recommended that the same may pleased be amended in his discharge certificate.

Above declaration along with discharge certificate of the individual is submitted to Zilla Sainik Welfare Officer \_\_\_\_\_ in triplicate for his verification and onward submission to records \_\_\_\_\_ for necessary amendment in discharge certificate under intimation to this office.

Lr. No. \_\_\_\_\_

Dated : \_\_\_\_\_

ZILLA SAINIK WELFARE OFFICER (NEW)

Lr. No. \_\_\_\_\_

Zilla Sainik Welfare Officer,

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

To,  
The Officer – In – Charge,

Records \_\_\_\_\_

**Sub:-**Change of Home Address in r/o \_\_\_\_\_

&&&&

On verification, it is noticed that the above named individual has permanently been shifted from his old address and it is recommended that his NEW ADDRESS may be changed in his discharge certificate of the individual. The Declaration along with discharge certificate of the individual is forwarded herewith for necessary amendment in the discharge certificate and early return of the same to Zilla Sainik Welfare Office.

ZILLA SAINIK WELFARE OFFICER (OLD)

**Copy to :-**

Zilla Sainik Welfare Officer,

### CHANGE OF HOME ADDRESS

- 1). Declaration form(available with Office) -4- Copies
- 2). Residential Certificate issued by Tahsildar, Mandal Revenue Office concerned Mandal -4-Copies.
- 3). Copy of Discharge Book. -2- copies

#### With in District

- 1). Declaration form(available with Office) -2- Copies
- 2). Residential Certificate issued by Tahsildar, Mandal Revenue Office concerned Mandal -2-Copies.
- 3). Copy of Discharge Book. -2- copies