

**CERTIFICATE NO – 1**

**CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS SERVICE IN THE ARMY, RETIRED/ RELEASED/ DISCHARGED AFTER 10 YEARS OF SERVICE/KILLED IN ACTION/DIED DURING SERVICE/DISABLED IN ACTION/MEDICALLY BOARDED OUT WITH PENSION**

**(By OC Unit/Army Personnel Branch/DSS & A Board/Record Office)**

1. Certified that Mr/Ms \_\_\_\_\_ is Son/ Daughter of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Unit/Corps/Regiment \_\_\_\_\_ who has 10 years of continuous service in the Army from \_\_\_\_\_ to \_\_\_\_\_.
  
2. Certified that Mr/Ms \_\_\_\_\_ is Son/Daughter of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ who has been released/ discharged from Army after 10 years continuous service from \_\_\_\_\_ to \_\_\_\_\_.
  
3. Certified that Mr/Ms \_\_\_\_\_ is Son/Daughter of No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ who has been granted/awarded regular pension, liberalised family pension, family pension or disability pension at the time of his superannuation, demise discharge, release medical board/invalided medical board.
  
4. Certified that Mr/Ms \_\_\_\_\_ is son/daughter of No \_\_\_\_\_ Name \_\_\_\_\_ ex recruit No \_\_\_\_\_ Name \_\_\_\_\_ who was medically boarded out and granted disability pension.

Place : OC Unit/Head of Department/  
Records Office/DSS & A Board

Date : Name  
Designation  
Office Seal

Name and Signature of the Candidate .....

Name and Signature of Parent .....

**Notes :**

1. Strike out the portion which is not applicable.
2. If retired/released with pensionary benefits, attach photocopy of PPO.
3. If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.
4. If released/discharged after 10 years of service, attach copy of discharge certificate/ release order.

**CERTIFICATE NO – 2**

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK  
WHERE AT LEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED  
CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN ADOPTED  
ATLEAST 5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

(By Personnel Branch Army HQ/ OC Unit)

1. Certified that Mr/Ms \_\_\_\_\_ is son/ daughter of No \_\_\_\_\_  
Rank \_\_\_\_\_ Name \_\_\_\_\_ Unit/Corps/Regiment  
\_\_\_\_\_ and he/she was born from wedlock where the father/mother belonged to  
Army and had served in the Army for 10 years or is serving in the Army and has minimum 10  
years of service.

2. Certified that Mr/Ms \_\_\_\_\_ is son/ daughter of No \_\_\_\_\_  
Rank \_\_\_\_\_ Name \_\_\_\_\_, who has 10 years of service in the Army and  
he/she was adopted on \_\_\_\_\_ (5 years prior to commencement of course).

.....  
Signature & No, Rank and Name of the Parent

Place :	Signature of the Concerned OC Unit/ Concerned Record Office)
Date :	Name Designation Office Seal

Name and Signature of the Candidate .....

**Notes:**

1. Attach copy of legal papers and Part II order of adoption of child.
2. Attach Certificate/ Part II order of birth and copy of kindred roll.

**CERTIFICATE NO – 3**

**CHILDREN OF ARMY MEDICAL CORPS /AD CORPS OFFICERS SERVING  
IN AIR FORCE /NAVY MEDICAL ESTABLISHMENT/MNS/APS AND TA PERSONNEL**

(By Parent, Countersignature by OC Unit)

1. I, No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Father/Mother of \_\_\_\_\_ certify that:-

(a) I am/was commissioned in Army Medical/Army Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.

(b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.

(c) I am an APS personnel on deputation who has put in more than 10 years of service in the Army from \_\_\_\_\_ to \_\_\_\_\_.

OR

(d) I am an APS personnel directly recruited into APS and who is still serving in Army wef \_\_\_\_\_

(e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied service in TA from \_\_\_\_\_ to \_\_\_\_\_.

(f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNS.

Place : \_\_\_\_\_ Signature \_\_\_\_\_

Date : \_\_\_\_\_ Name, Designation and Unit \_\_\_\_\_

**CERTIFICATE  
(BY OC UNIT)**

The facts in the above mentioned undertaking have been verified from official records and found correct.

Date : \_\_\_\_\_  
Office Seal \_\_\_\_\_

OC Unit (for serving personnel)  
DSS & A Bd (for retired personnel)  
Name, Designation and Unit \_\_\_\_\_

**COUNTERSIGNED**

Date : \_\_\_\_\_  
Office Seal \_\_\_\_\_

Concerned Staff Officer of Fmn HQs  
(for serving personnel)  
DSS&A Board (for retired personnel)  
Name and Designation \_\_\_\_\_

Name and Signature of the Candidate .....

1. Strike out the portion /Para not applicable.
2. Relevant documents of service records.