

**PRIORITY OF THE CANDIDATE  
FOR ADMISSION ON DEFENCE / PARA-MILITARY QUOTA**

Certified that No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
of \_\_\_\_\_ father's of \_\_\_\_\_ was  
wounded / died in action during \_\_\_\_\_ on \_\_\_\_\_.

He/ was invalidated / \_\_\_\_\_ out from service due to disability \_\_\_\_\_  
\_\_\_\_\_.

His disability has been assumed as \_\_\_\_\_ which is  
attributable to military service as per service records assessed by the Board on  
\_\_\_\_\_. Therefore, he is entitled for priority 1 / priority 2.

**Sanik Kalyan Board**

**CERTIFICATE FOR CHILDREN OF DEFENCE PERSONNEL / PARA-MILITARY PERSONNEL  
KILLED OR SEVERELY DISABLED**

(TO BE SUBMITTED BY THE CHILDREN OF DEFENCE PERSONNEL \*PARA-MILITARY FORCES\*\* KILLED OR SEVERELY  
DISABLED\*\*\* IN ACTION DURING HOSTILITIES/WARS OR ON DUTY DURING PEACE TIME)

(This certificate must be signed by the Commandant or OIC Records to which the Soldier/JCO belongs.  
In case of officers of Army, Navy & Air-Force, this certificate must be signed by the Service HQ of  
respective branch)

I, \_\_\_\_\_  
(Service No., Rank of certifying officer)

certify that \_\_\_\_\_  
(Service No., Rank and Name of defence personnel- disabled or deceased)

Natural Father of \_\_\_\_\_  
(Name of applicant)

**EXS1** was killed in action

*Or*

**EXS2** Disabled in action and boarded out from service/Died while in service with  
death attributable to military service/Disabled in service and boarded out  
with disability attributable to military service

\_\_\_\_\_  
(Mention severe disability and its percentage as per medical board)

His particulars are:

1. Service No., Rank & Name of the person \_\_\_\_\_

2. Name of the Unit last served \_\_\_\_\_

3. Date of enrolment \_\_\_\_\_ Date of death/discharge/retirement \_\_\_\_\_

4. Home town in Rajasthan as given by him at the time of his entry into service is \_\_\_\_\_

5. His Registration/Identity Card No. is \_\_\_\_\_ dated \_\_\_\_\_

and P.P.O. No. is \_\_\_\_\_

Signature \_\_\_\_\_

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

Name \_\_\_\_\_

\* Defence personnel will mean Commissioned Officers, Junior Commissioned Officers, other ranks,  
noncombatant (enrolled) and their equivalent ranks in Navy and Air-Force of Rajasthan origin only.

\*\* Para Military forces consist of Border Security Force, Central Reserve Police, Assam Rifles and Indo-Tibetan  
Border Police. Applicable to personnel of Rajasthan origin only.

\*\*\* As per GOI Ministry of Home Affairs, Department of Personnel and Administrative Reforms, Order No.  
14024/6/77 Estt. (D), dated 31-12-1979, severely disabled means with over 50 percent disability and unfit  
for employment but disability attributable to military service.

**CERTIFICATE TO BE SUBMITTED BY CHILDREN OF EX-SERVICEMAN**

I, \_\_\_\_\_  
(Service No., Rank of certifying officer)

certify that \_\_\_\_\_  
(Service No., Rank and Name of ex-serviceman)

Natural father / mother of \_\_\_\_\_  
(Name of applicant)

is / was an ex-serviceman.

His / her particulars are:

1. Service No., Rank & Name of the person \_\_\_\_\_

2. Name of the Unit last served \_\_\_\_\_

3. Date of enrolment \_\_\_\_\_ Date of retirement \_\_\_\_\_

4. He / She is / was ex-serviceman of Rajasthan origin and his / her home town as given by him / her at the time of his entry into service is \_\_\_\_\_

5. His Registration/Identity Card No. is \_\_\_\_\_ dated \_\_\_\_\_  
and P.P.O. No. is \_\_\_\_\_

Date:

Seal of Office

Signature \_\_\_\_\_

Name \_\_\_\_\_

(District Soldier Welfare Officer)

Name of district \_\_\_\_\_

- \* (1) Definition of Ex-servicemen shall be as per Hand Book on Resettlement of Ex-servicemen (1995).  
(2) Ex-servicemen should be of Rajasthan origin. The State of origin and the home town as entered in discharge certificate shall only be accepted as proof in respect of above.

**OR**

*If the above certificate, issued by competent authority, is already available then attach the attested photocopy of that certificate*

CERTIFICATE TO BE SUBMITTED BY CHILDREN OF GALLANTRY AWARD WINNERS

**Please attach attested photo copy of Gallantry award certificate issued by competent authority along with the certificate having particulars about the serviceman.**

**FOR PARA MILITARY PERSONNEL OF RAJASTHAN ORIGIN**

I certify that Shri/Kumari \_\_\_\_\_ is a natural  
Son/Daughter of Shri/Shrimati \_\_\_\_\_ and his/her  
Father/Mother is serving/retired permanent employee in Para Military Force and he/she is of  
Rajasthan origin and the home town as given by him/her at the time of his/her entry into  
service is \_\_\_\_\_ town \_\_\_\_\_ Dist  
\_\_\_\_\_ state \_\_\_\_\_

Date.....

Place .....

Signature of the Employer

(with Official Seal)

**REGARDING PARA MILITARY PERSONNEL  
NOT OF RAJASTHAN ORIGIN BUT SERVING IN RAJASTHAN**

I certify that Shri/Kumari \_\_\_\_\_ is a natural Son/Daughter of Shri/Shrimati \_\_\_\_\_ and his/her Father/Mother is serving employee of Para Military Forces. He has been in the service for the last \_\_\_\_\_ years and is working on the post of \_\_\_\_\_ since \_\_\_\_\_ in this unit and is posted in Rajasthan from \_\_\_\_\_ and is continuing in Rajasthan at present.

Date.....  
Place .....

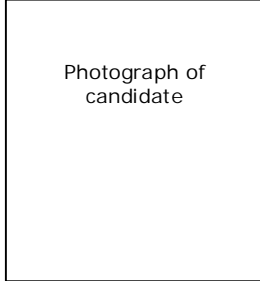
Signature of the Employer  
(with Official Seal)

**ज॒क्त॒ल॒फ॒क॒ा॒ ल॒ज॒द॒ज**  
**GOVERNMENT OF RAJASTHAN**

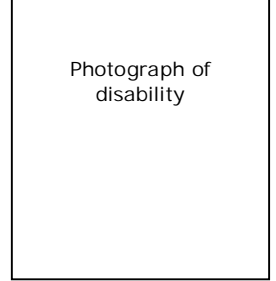
GOVT. MEDICAL COLLEGE JAIPUR / KOTA / BIKANER / JODHPUR / UDIAPUR / AJMER

No. \_\_\_\_\_ /Board of MBBS/BDS admissions

Dated .....



**फ॒द्य॒क॒र्क॒ ि॒क॒ ि=**  
**DISABILITY CERTIFICATE**



**\*\*; g i ek.k&i= fpdfRI k fof/kd ekeyka ea oSk ugha gA\*\***  
"THIS CERTIFICATE IS NOT VALID FOR MEDICO-LEGAL CASES"

This is to certify that Mr. / Miss / Mrs. \_\_\_\_\_

S/o, d/o, w/o Shri \_\_\_\_\_ age \_\_\_\_\_ years

Male / Female OPD No. \_\_\_\_\_

is a case of \_\_\_\_\_

\_\_\_\_\_.

He / she is a physically handicapped and has \_\_\_\_\_% (\_\_\_\_\_ percent only)

permanent physical impairment in relation to his / her \_\_\_\_\_

lower limbs. His / her upper limb is normal / disabled.

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_

Chairman

Signature of candidate

Counter-signed by Supdt.  
(concerned Govt. hospital)