



SAINIK WELFARE ORGANIZATION-INDIA

409, Block-C, Veer Awas, Sector-18A,
Dwarka, New Delhi-110078

Please Affix
Passport
Size
Photograph

LDS TRANSFER FORM

(Form to be filled in BLOCK CAPITAL letters only)

SWC No. (if allotted) _____

LDS Registration No _____
(For LDS registrants only)

Society Membership Seniority Number allotted : _____

Personal Particulars

1. Name Rank

2. Father/Husband's Name

3. Mailing Address

4. Permanent Address

8. Mobile/Landline Number

9. E-mail

10. Location of Scheme already registered: Scheme No:

11. Registration is to be transferred to location: Scheme No:

12. Type of Dwelling Unit: Please(✓): Apartment Bungalow Residential Plot
Farm House Plot

13. Size: Sq yds /Sq ft

(Signatures of Applicant)

*Please attach self attested copy of receipt forwarded by SWO-INDIA as a relevant proof of your registration

FOR USE BY ACCOUNTS SECTION, SWO-INDIA ONLY

Old Seniority No. _____ New No Allotted _____

Old Receipt Number _____ Amount correctly adjusted as per the Scheme/location.

Date _____

(Signatures of Accountant SWO-INDIA)