



SAINIK WELFARE CHARITABLE FUND

FORM NO. 1

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

SWDC MEMBERSHIP FORM

(Form to be filled in BLOCK letters only)

Please Affix
Passport
Size
Photograph

Dear Sir,

Kindly accept My Donation/Contribution/Subscription for the Sainik Welfare Charitable Fund and issue me Sainik Welfare Donation Card. My personal details are as under :-

Personal Particulars

1. Service No.

* Applicable to all Serving/Retired Sainiks

2. Name Rank

3. Father/ Husband's Name

4. Date of Birth of Applicant Blood Group

5. Permanent Address

Tehsil Post Office District

City State PIN Code

6. Mobile No. 1 Mobile No. 2

7. E-mail Id

8. Details of Nominee : (A) Name

(B) Date of birth (C) Relationship

Payment Details

9. Sainik Welfare Contribution Rs. I have remitted my Donation/Subscription/Contribution through

Demand Draft No. Dated

Issued by (Bankers) Branch

For Rupees (in words)

Rs (in figures) In favour of "Sainik Welfare Charitable Fund" payable at New Delhi.

10. My two specimen signatures are under :-

Date : _____

Documents : Please attach Copies of relevant documents as proof duly self attested :-

* Photo Copy of first page of Nationalized Bank Pass Book as Proof of identity and residence.

* Service personnel to attach service certificate issued by an officer.

* Ex-servicemen to attach copy of ex-servicemen identity card and PPO.

* Photo copy of PAN Card.

* Citation/Gazette notification of award/proof of disability/death certificate etc..

* Widows to attach copy of PPO.