

GOVERNMENT OF KARNATAKA
DEPARTMENT OF SAINIK WELFARE AND RESETTLEMENT
Office of the Deputy Director
Department of Sainik Welfare & Resettlement
(Karnataka)

No. _____ Date: _____

CERTIFICATE

This is to certify that Shri/Smt/Kum.....is an applicant for
.....in Karnataka is the spouse / son / daughter of No.....
Rank..... Name who died / was permanently
disabled while in service according to the certificate issued by Defense Authority. He
died / was permanently disabled on

Home address of the individual at the time of joining Defense Service as per the
records is:

.....
.....

Place:

Signature of the Deputy Director

Date:

Department of Sainik Welfare & Resettlement

District