

ANNEXURE- IV

DEPARTMENT OF EX-SERVICEMEN WELFARE

Pensioner/ Non-Pensioner/ Family Pensioner
Mobile No:
Name of the Applicant

Identity Card No.
Email ID -
Application No. _____

OFFICE OF THE DEPUTY / ASSISTANT DIRECTOR OF EX-SERVICEMEN'S WELFARE, <DIST>
CERTIFICATE OF DEPENDANCY ON EX-SERVICEMEN
Academic Year 2023-2024

No. <dist code / Year / Stream / Sl. No. >

Dated: <date>

This is to certify that Selvan / Selvi / Thiru / Tmt _____
is the <relationship> of and is solely dependent on the Ex-Servicemen whose particulars are furnished
below.

He / She is eligible for consideration for admission to Professional / Academic / Technical /
Law / Others (*specify*) courses in <Stream> against the reservation of seats for Wards of Ex-
servicemen.

Signature of the Candidate:

Signature:
Name of DD / AD
Designation:
Office of DD/ AD ESM welfare<Dist>

SERVICE PARTICULARS OF EX-SERVICEMAN

Regimental No. :
Name :
Rank :
Regiment / Corps :
Date of enrolment :
Date of discharge / death :
Cause of discharge :
Character assessed at the time of discharge :

Office Seal:
Date:

Signature:
Name of DD / AD
Designation:
Office of DD/ AD ESM welfare<Dist>

Note: This Certificate shall be issued by an Officer of the Department of Ex-Servicemen's Welfare of Tamil Nadu not below the rank of Assistant Director of Ex-Servicemen's Welfare of the District in which the dependent is a **NATIVE**. This reservation is applicable only to Tamil Nadu Native Candidates.