FORM FOR THE GRANT OF SWATANTRTA SAINANI SAMMAN RASHI BY THE HIMACHAL PRADESH GOVERNMENT TO THE FREEDOM FIGHTERS OF HIMACHAL PRADESH

APPLICATION FORM

(To be sent by registered Post/By hand to the Sub Divisional Magistrate concerned who will submit the application to the Deputy Commissioner for forwarding the same to the State Government.)

Photo must be attested by the Executive Magistrate or Tehsildar.

PART I--PERSONAL PARTICULARS

1.	Name of applicant(<i>i.e.</i> F/F or his widow)(in Block Letters)			
2.	Address			
3.	Age of the Applicant			
4.	Nationality			
5.	Occupation			
6.	Name of the Freedom Fighter (If applicants dependent upon the Freedom Fighter)			
7.	Address of the Freedom Fighter			
8.	Name of dependents of the Freedom Fighter	Name	Age	Relationship
9.	Whether applicant (he or she) is receiving pension from the Central Government under the Freedom Fighters Pension Scheme, 1972 (renamed as Swatantrta Sainani Samman Pension Scheme), if so, the amount being received	(i) (ii) (iii)	From which Sanction 1	f Rsp.m. ch date: atter issued by the G/I No (Attested copy enclosed).
10.	Whether he or she is receiving pension from any State Government. (other than Himachal Pradesh) under the State Scheme, if so, the amount being received	(i) (ii)		onth
11.	Whether he or she is receiving financial assistance as a Freedom Fighter from the Himachal Pradesh Government, if so, the amount being received.	(i) (ii)		pm.

PART-II-PARTICULARS OF SUFFERINGS UNDERGONE DUTING FREEDOM STRUGGLE

12. (I) I	Imprisonment:
(a)	Details of the case in which tried and awarded imprisonment
(b)	Name and place of the Court which tried the case and awarded punishment
(c)	Sentence awarded

(d) Actual period of imprisonment,	FromTo
suffered, and	
(e) Evidence:	(i) Court Judgment
(ii) Underground: (a) Evidence:	(i) Court Order
(iii) Externment: (a) Evidence:	(i) An affidavit with a copy of the order of the externment Or Any other documentary evidence. (ii) Freedom Fighters Certificate
13. Any other relevant information which the applicant would like to furnish:	
years, occupationresi	Signature of the Applicant (Freedom Fighter). AFFIDAVIT son of/wife of /daughter ofage
Pension from any other State Government.	state on solemn affirmation that I am not in receipt of Freedom Fighters
	Deponent.
Solemnly affirmed atsigned his name in my presence/before me.	thisday of and
	Executive Magistrate.
	<u>AFFIDAVIT</u>
years, occupationdo hereby s application form is on the basis of my person	son of/wife of /daughter ofage
furnished by me to get the Swatantrta Sainan	i Samman Rashi or benefits from the Government.
	Deponent.
Solemnly affirmed atsigned by the deponent in my presence.	thisday of and

Executive Magistrate.

Note:-

- 1. The particulars in the application should be supported by a sworn affidavit.
- 2. Copies of certificates should be attested by a competent authority. Originals of those documents should be produced as and when demanded.
- 3. Only applications which are complete in all respects and are accompanied by affidavit, jail and other prescribed certificates will be entertained.
- 4. An attested pass-port size photograph of the applicant (Freedom Fighter) should be affixed in the space provided.

ANNEXURE "B"

FREEDOM FIGHTER CERTIFICATE

(To be signed by a Freedom Fighter who is getting pension from the Central Government under the Freedom Fighters Pension Scheme, 1972, renamed as Swatantrta Sainani Samman Pension Scheme.)

I, (the undersigned)son*	/wife* of Shri
am a Freedom Fighter and has been receiving pension at the rate of	of Rsper month from the Central
Government under the Freedom Fighters Pension Scheme, 1972 (rer	named as Swatantrta Sainani Samman Pension
Scheme) with effect from19sanctioned	by the Government of India, Ministry of Home
Affairs, New Delhi letter No,	dated(attested
copy enclosed).	
I suffered imprisonment during the Freedom Struggle and v	was lodged in jail
inDistrict during the period from	
District during the period from	
2. I hereby certify that Shri*/Smt*/Kumari*	son*/daughter*/wife
of Shri(full address)	
District is a bonafide Freedom Fighter who was imprisoned on account	nt of his*/her* participation in the
movement during the freedom struggle and was lodged in the	jail during the
period from to (total	months). To the best of my
knowledge and belief he/she was not pre-maturely released from ja	il on account of any oral or written apology
tendered by him*/her*.	
3. I hereby certify that Shri*/Smt*/Kumari*	son*/daughter*/wife
of Shri	
District is a bonafide Freedom Fighter who remained undergroun	nd on account of his/her participation in the
Movement during freedom struggle	e during the period from
tomonths).	
4. I hereby certify that Shri*/Smt*/Kumari*	son*/daughter*/wife
of Shri (full address)	
District is a bonafide Freedom Fighter who was externed from	
participation in the	
(totalmonths).	Total Petrob Trondminimum to
(coalininininininininininininininininininin	
Dated, at(Place) the day of	Signature Name (in Block Letters) of the
	Certifier

^{*}Strike out whatever is not applicable.

केन्द्र सरकार द्वारा घोषित किए गए स्वतन्त्रता सेनानियों को हिमाचल प्रदेश स्वतन्त्रता सेनानी सम्मान योजना-1985 के अन्तर्गत लाभ प्राप्त करने हेतु निर्धारित आवेदन-प्रपत्रः

(इसे सम्बन्धित जिला के उपायुक्त के माध्यम से	सरकार को भेजा जाए <i>।</i>)
1. स्वतन्त्रता सेनानी का नामः	कृपया एस०डी०एम०
2. आयुः	अथवा
3. पिता का नामः	तहसीलदार द्वारा सत्यापित फोटो लगाएं।
४. व्यावसायः	_
5. स्थाई पताः	
	<u> </u>
6. पत्राचार हेतु पताः	
	ने सम्बन्धी पत्र की संख्या व
तिथिः	
(कृपया घोषणा पत्र तथा पी.पी. ओ. की प्रति संलग्न	। करें।)
 क्या केन्द्र द्वारा पैंशन राज्य सरकार की सिफारिश प 	गर लगाई गई है या सीधे केन्द्र
सरकार द्वारा :	
9. राज्य सहकारी बैंक में आवेदक का खाता संख्याः	
१०. राज्य सहकारी बैंक की शाखा का नामः	
१ १ .आवेदन की तिथिः	
(आवेदव	क के हस्ताक्षर)

<u>नोटः</u>-

- पूर्णतया भरे गए एवं वांछित प्रमाणपत्रों सिहत प्राप्त आवेदन पत्र ही कार्यालय में स्वीकृत किए जाएंगे।
- 2. सम्मान राशि केवल उसी तिथि से देय होगी जिस तिथि से आवेदक द्वारा समस्त वांछित प्रमाणपत्रों सहित पूर्ण रूप से भरा गया आवेदन पत्र सरकार को प्रस्तुत किया जाएगा ।

केन्द्र/प्रदेश सरकार द्वारा घोषित स्वतन्त्रता सेनानियों की मत्यूपरान्त उनकी वैध पत्नियों को ''हिमाचल प्रदेश स्वतन्त्रता सेनानी सम्मान योजना-1985'' के अन्तर्गत सम्मान राशि हस्तांतरण हेतु निर्धारित प्रपत्रः

	प्रशासकीय दण्डाधिकारी
सम्बन्धित उपायुक्त कार्यालय के माध्यम से सरकार को भेजा जाए	द्वारा
1. आवेदिका का नाम तथा आयु:	सत्यापित
7. Olditari ari tiloi (iai olig	फोटो के लिए
२. स्थाई पताः	स्थान ।
•••••••••••••••••••••••••••••••••••••••	
3. आवेदिका के पति का नामः	
4. स्वतन्त्रतता सेनानी की मृत्यु तिथिः(मृत्यु प्रमाणपत्र संलग्न करें)	
5. केन्द्र/प्रदेश सरकार द्वारा स्वतन्त्रता सेनानी	
घोषित करने सम्बन्धी पत्र की संख्या व तिथिः	
(प्रति संलग्न करें ।)	
6. आवेदिका का व्यवसायः	
7. क्या आवेदिका स्वतन्त्रता सेनानी की एकमात्र पत्नि हैः (पंचायत प्रधान का प्रमाणपत्र संलग्न करें ।)	
8. राज्य सहकारी बैंक में आवदिका का खाता संख्याः	•••••
9. राज्य सहकारी बैंक की शाखा का नामः	
१ ०. आवेदिका के हस्ताक्षर/अंगूठे का निशानः	
१ १ . आवेदन की तिथिः	

<u>नोटः</u>-

- 3. सरकार द्वारा स्वतन्त्रता सेनानी के पक्ष में जारी किया गया निःशुल्क यात्रा परिचय पत्र मूल रूप में वापिस लौटाया जाए;
- 4. फोटो के लिए नियत स्थान में छः माह के भीतर-2 खींची गई व प्रशासकीय दण्डाधिकारी/किसी राजस्व प्राधिकारी द्वारा सत्यापित फोटो लगाएं;
- 5. वांछित दस्तावेज सहित पूर्ण आवेदन पत्र, जिस पर बैंक खाता एवं शाखा का नाम स्पष्ट अंकित होगा एवं सम्बन्धित जिलाधीश के माध्यम से प्रस्तुत किए जाएंगे, पर ही विचार किया जाएगा ।

सरकार द्वारा घोषित किए गए स्वतन्त्रता सेनानियों तथा उनकी पत्नियों की मत्यु के उपरान्त सम्मान राशि उनकी अविवाहित पुत्रियों को हिमाचल प्रदेश स्वतन्त्रता सेनानी सम्मान योजना–1985 के अन्तर्गत लाभ प्राप्त करने हेतु निर्धारित आवेदन–प्रपत्रः

(इसे सम्बन्धित जिला के उपायुक्त के माध्यम से	सरकार को भेजा जाए ।)
1. आवेदिका का नामः	कृपया
2. पिता का नामः	ु अथवा
3. माता का नाम:	सत्यापित फोटी
4. आवेदिका की आयु:	लगाएं।
5. व्यवसायः	
6. आवेदिका के माता-पिता की मृत्यु तिथिः (मृत्यु प्रमाणपत्रों की प्रतियां संलग्न करें)	
७. स्थाई पताः	
8. पत्राचार हेतु पता	
 आवेदिका के पिता को सरकार द्वारा स्वतन्त्रता से किए जाने सम्बन्धी पत्र की संख्या व तिथि: 	
(कृपया घोषणापत्र तथा पी.पी. ओ. की प्रति संल	ग्ग्न करें ।)
१०.आवेदिका के अविवाहित होने सम्बन्धी पंचायत प्रध् संलग्न करें :	-
१ १ . राज्य सहकारी बैंक में आवेदक का खाता संख्याः	
१ २ .राज्य सहकारी बैंक की शाखा का :	
१ ३ . आवेदन की तिथिः	
 (ਤ	 ावेदिका के हस्ताक्षर)

<u> नोटः</u>–

- पूर्णतया भरे गए एवं वांछित प्रमाणपत्रों सिहत प्राप्त आवेदन पत्र ही कार्यालय में स्वीकृत किए जाएंगे ।
- 2. सम्मान राशि केवल उसी तिथि से देय होगी जिस तिथि से आवेदक द्वारा समस्त वांछित प्रमाणपत्रों सहित पूर्ण रूप से भरा गया आवेदन पत्र सरकार को प्रस्तुत किया जाएगा ।

प्रदेश के घोषित स्वतन्त्रता सेनानियों की पुत्रियों/पौत्रियों के विवाह पर सरकार की ओर से अनुदान सहायता प्राप्त करने हेतु आवेदन पत्रः

1. प्रार्थी का नामः	
2. स्वतन्त्रता सेनानी का नाम :	
(साक्ष्य की प्रति सहित)	
3. पुत्री/पौत्री का नाम :	
जन्म तिथिः	
(शब्दों तथा अंकों में)	
4. घोषित स्वतन्त्रता सेनानी	
से सम्बन्धः	
5. निवास का स्थाई पताः	
6. परिवार का पूर्ण व्योराः (परिवार रजिस्टर की प्रति सहित)	
checty	
	(संरक्षक/आवेदक के
	हस्ताक्षर)
	प्रमाण पत्र
प्रमाणित किया	जाता है कि श्री,
पुत्र श्री	, निवासीः डाकघरः
, तहसीलः	, जिलाःहि०प्र० स्वतन्त्रता सेनानी
घोषित है तथा कुमारी	(परिवार रजिस्टर के अनुसार)
उनकी पुत्री/पौत्री है, जिनका	विवाह दिनांक को होना निश्चित
हुआ है।	
तिथिः	प्रधान, ग्राम पंचायतः (मोहर सहित)

The form of certificate to be produced by the children / grand children of the Freedom Fighter to be issued by the Deputy Commissioner/S.D.O.(Civil).

Certified that Shri /Kumari			Son / Dau	ughter of Sh.
	Village			Panchyat
Tehsi	il		-	District
Himachal Prade	sh is a Chil	d /Grand (Child of	f Shri
	who is/w	as a freedom	fighter in	terms of the
Government of India OR His	machal Prad	esh Govern	nment	Letter No.
		Dated		
and has been granted Pension unde Scheme-1972/1980 OR Himachal I			C	
Scheme -1985, or declared as Freed	om Fighter af	ter death.		
	-	ty Commissio		-
Dated	Distri	ct		H.P.

Note: Strike out whichever is not Applicable

उपायुक्त/उपमण्डलाधिकारी (ना०) द्वारा जारी किये जाने वाले प्रमाण पत्र का निर्धारित प्रपत्र जो स्वतन्त्रता सेनानियों के बच्चों/पौत्रों द्वारा प्रस्तुत किया जाना हैं ।

प्रमाणित वि	क्रया जाता है कि	श्री/कुमारी		
पुत्र/पुत्री श्री		गांव		पंचायत
	तहसील		जिला	
<u>l</u>	ड़ेमाचल प्रदेश श्री	•••••	का पुत्र/पुत्री/पौः	त्र/पौत्री है
जो कि भारत सरकार या	हिमाचल प्रदेश सरक	ार के पत्र संख्य	т	,
दिनांक	के अ	ानुसार स्वतन्त्रता	सेनानी है तथा जि	जेसे भारत
सरकार की स्वतन्त्रता सेना	ानी सम्मान पैन्शन	योजना, 1 9 7 2 / 1	980 या जिसे हिमा	ाचल प्रदेश
स्वतन्त्रता सेनानी वित्तीय	सहायता योजना-19	८५, के अन्तर्गत	त पैन्शन/सम्मान राष्ट्रि	शे स्वीकृत
है या मरणोपरान्त स्वतन्त्रत	ग सेनानी घोषित है			
		उपायुक्त/उप-	मण्डलाधिकारी(नागरिव	চ)
		••••••	जिला	••
तिथि		हिमाचल प्रदेश	PT 1	

नोट :- जो लागू नहीं होता उसे काट दीजिए

SWATANTRA SAINIK SAMMAN PENSION SCHEME Application form

(TO BE SENT BY REGISERED POST IN DUPLICATE – ONE COPY TO BE SENT TO THE STATE GOVERNMENT CONCERNED AND ONE COPY TO THE DEPUTY SECRETARY TO THE GOVERENMENT OF INDIA, MINISTRY OF HOME AFFAIRS, FREEDOM FIGHTERS DIVISION, FIRST FLOOR, LOK NAYAK BHAVAN, NEW DELHI.)

In case you had previously applied to the Central Govt. for Freedom Fighters pension please quote Ministry of home Affair's Reference No. & Date.			SPACE FOR PASSPORT SIZE PHOTOGRAPH OF FREEDOM FIGHTER/WIDOW		
		•••••	••		
			••		
			••		
	Part – I: Pe	ersona	l Particu	ılars	
1.	Name of the Applicant (In block letters)	:			
2.	Address	:			
3.	Age of the applicant	:			
4.	Name of the Freedom Fighter (If the applicant is a dependent)	:			
5.	Address of the Freedom Fighter	:			
6.	Relationship of the applicant to the Freedom Fighter	:			
7.	Nationality	:			
8.	Occupation	:			
9.	Names of dependent family members, their age and relationship to the applicant family includes mother, father, widower, widow (If she has not remarried and unmarried daughters)		<u>Name</u>	<u>Age</u>	Relationship
10.	Whether he or she is receiving pension from the State Government, under the State	:			

Part - II

Particulars of suffering undergone during the Freedom Struggle

11	111	Impriconmont	٠.
11.	(1)	<u>Imprisonment</u>	١.

(a) Details of the case in which tried and awarded imprisonment

(b) Name & Place of the Court which tried the : case and awarded punishment

(c) Sentence awarded :

(d) Actual Period of imprisonment suffered : <u>From To</u>

(e) Evidence (i) Court Judgement :

(ii) Jail Certificate

(iii) Co-prisoner Certificate : (This should be in the prescribed form attached at Annexure –I)

- (ii) <u>Underground</u>:
- (iii) Externment:
- (iv) Internment:
 - (a) Type of evidence produced partial or full e.g. court's records, warrant of arrest declaration as absconder etc.
 - (b) Internment Orders; Date of Orders, Date of lifting
 - (c) Externment Orders, Date of Orders, Date of lifting.
 - * If no evidence, partial or full is available from official records whether suffering at (ii), (iii) or (iv) should be supported by certificates from prominent freedom fighters. If so, furnish name of the certifier, the State to which he belongs, particulars of jail sufferings undergone by him.

Type of evidence produced.

- (i) Official records in support of dismissal.
- (ii) Whether re-employed after Independence:

 If so, details of post-independence service:

Note: Jobs would refer to jobs in Government or in Local Bodies such as District Boards and Municipalities.

- (VI) Loss of property confiscation:
 - (i) details to be supported by evidence from official records.
 - (ii) Whether any compensation was paid by the State Govt. after Independence
- (VII) Permanent incapacitation:

Type of evidence to be produced;

- (a) Certificate from the District Magistrate that permanent incapacitation was done due to bullet injury/lathi charge sustained during participation in the Freedom Struggle.
- (b) Medical Certificate from the Civil surgeon in support of the handicap.

(i) Evidence from records in support of having been killed during police firing or in the case of INA killed in action in the war front.
12. In case of ex-INA personnel only.
(i) Whether military or civilian category.
If military type of evidence required.
(a) Discharge certificate :
(b) Whether classified as Black or Grey :
(c) Record office letter showing forfeited pay and allowances. :
(ii) If civilians:
(a) One co-prisoner certificate in the affidavit form from a freedom fighter pensioner.
(b) Movement order.
13. Any other relevant information which the
applicant would like to furnish. : 14. If the applicant is a member of Scheduled Caste/Scheduled Tribe (A certificate from the District Magistrate should be attached)
Place:
Date:

(VIII) Martyrdom

AFFIDAVIT

	I,		S/o.	Shri		aged
		occupation			resident of	. do
hereby state on solemn affirmation that what is stated in columns 1 to 14 of the application form is on the						
basis of my personal knowledge and belief and no false information or document has been furnished by me						
to get the pension or benefits from the government.						
				Deponen	t:	
Solemn	ly af	firmed at				
this day of						
And his	s nan	ne in my presence, before	me.			

Judicial magistrate, First Class.

- N.B. 1. The Particulars in the application should be supported by a sworn affidavit.
 - 2. Copies of certificates produced should be attested by a competent authority. Originals of these documents should be produced as and when demanded.
 - 3. Only applications which are complete in all respects and are companied by affidavit, Jail and other prescribed certificates will be entertained.
 - 4. The last date for receipt of application will be 31-7-1981.
 - 5. An attested passport size photograph of the applicant should be affixed in the space provided.

ANNEXURE II

Form of application

10	The District Collector
	Through the Tahsildar of
1.	Name in full (In capital letters) :
2.	Full address :
3.	Particulars regarding the Freedom movement in which the Freedom Fighter participated together with dates during which and the Jail in which imprisonment was undergone
4.	Total income of the Freedom Fighter/claimant : including help from near relatives.
5.	Whether any other assistance has been received by the Freedom Fighter/claimant either from the Government of India or from the State : Government.
6.	Identification
	marks:-1.
	2.
7.	I hereby certify that-
	(a) my income from all sources including help from near relatives in Rsper month.
	(b) All the above particulars furnished by me are true and correct to the best of my knowledge.
Plac	e:
Date	e: Signature of the Applicant
Con	v to the District Collector

(PERSONAL KNOWLEDGE CERTIFICATE) ANNEXURE II

I, (the undersigned)
have taken prominent part in the National Freedom Struggle and have been recipient of Central Freedom Fighter's Pension under Ministry of Home Affairs Order No
I suffered actual imprisonment for more than 2 years during the freedom struggle and was lodged in
I hereby certify that Shri/Smtson /daughter/wife of Shriresident ofDistrict is a bonafide freedom fighter who
(a) Remained underground freedom for more than six months for the period from
(i) A proclaimed offender; or
(ii) One on whom an award for arrest was announced;
(iii) One for whose detention orders were issued but he evaded arrest.
than six months from
I hereby give an unconditional undertaking that if any information given above is subsequently found to be wrong or false, the Central Government will be authorized to cancel my pension and I will be liable to refund the entire amount of pension already drawn.
Signature
Name of the certifier (In block letters)
Dated at (Place)

(CO-PRISONER CERTIFICATE)

I (the undersigned)	<u> </u>
	datedin the
2. I was involved in Case No	u/s
which was tried by Shri	
3. I suffered imprisonment during the freedor	n struggle and was lodged in
±	District during the period from
4. I hereby certify that Shri/Smt/Kumari resident of	son/daughter/wife of Shri
district is a bonafide freedom fighter who in theMovement during the	was also imprisoned on account of his/her participation he freedom struggle, was tried by the Court and was lodged in the same jail along with me during the
5. To the best of my knowledge and belief he of any oral or written apology tendered by him/her.	/she was not prematurely released from jail on account
6. If any information given above is subseque undertaking that my pension can be cancelled forthwith a pension drawn till date.	ently found to be false or wrong I hereby give an and I will be liable to pay the amount of
	Signature
Name of the C	
(In block letters	s)
Dated at (Place)on the	day of