Appendix `G'
(Para 67 of Chapter 1, Sec B)

INFORMATION FROM AFRO / DTE OF PO

Service No: _____ Rank _____ Name _____

1.	Last Unit	
2.	Date of Birth	
3.	Date of Enrolment / Commission / Joining Training Establishment	
4.	Cause of Invalidment	
5.	Percentage of Disability Attributable / Aggravated by Service	
6.	Original date of Contracting the Cause of Invalidment	
7.	Whether due to Medical Disability is the Individual fit to receive the payment	
8.	Date of Discharge / Invalidment	
9.	Letter Ref & Date vide which Medical Board is approved	
10.	AFRO / Dte of PO Letter reference authorising discharge from service	
11.	Particulars of Next of Kin with relationship & address	
12.	Marital Status	
13.	Number of children/sex/age	
14.	Regular Engagement upto (In respect of Airmen only)	
15.	Was the individual offered alternate employment (remustering of trade / change of branch)? If yes, acceptance / refusal details	

Office Seal with Date

Signature with Designation
IP No. .....