

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 ...	<i>Name Age Relationship</i>
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) Amount of Rs.....p.m. (ii) From which date:..... (iii) Sanction latter issued by the G/I No..... Date.....(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) Name of State..... (ii) Amount per month.....
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) Amount.....pm. (ii) From which date.....

PART-II-PARTICULARS OF SUFFERINGS UNDERGONE DURING FREEDOM STRUGGLE

12. (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 ...	
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(d) Actual period of imprisonment, suffered, and	From.....To.....
(e) Evidence:	(i) Court Judgment..... (ii) Jail Certificate..... (iii) Freedom Fighter’s Certificate..... (this should be in the prescribed form attached at Annexure-B)
(ii) Underground:	(i) Court Order.....
(a) Evidence:	(ii) Government Order..... (iii) Actual period remained underground..... (iv) Freedom fighters Certificate..... (This should be in the prescribed form attached at Annexure-B)
(iii) Externment:	(i) An affidavit with a copy of the order of the externment.....
(a) Evidence:	Or Any other documentary evidence. (ii) Freedom Fighters Certificate..... (This should be in the prescribed form attached at Annexure-B)
13. Any other relevant information which the applicant would like to furnish:	

Place.....
Note—Strike out whatever is not applicable.

Signature of the
Applicant (Freedom Fighter).

AFFIDAVIT

I.....son of/wife of /daughter of.....age.....
years, occupation.....resident of (full address).....
.....do hereby state on solemn affirmation that I am not in receipt of Freedom Fighters Pension from any other State Government.

Deponent.

Solemnly affirmed at.....thisday of and
signed his name in my presence/before me.

Executive Magistrate.

AFFIDAVIT

I.....son of/wife of /daughter of.....age.....
years, occupation.....resident of (full address).....
.....do hereby state on solemn affirmation that what is stated in columns 1 to 13 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 Swatantrta Sainani Samman Rashi or benefits from the Government.

Deponent.

Solemnly affirmed at.....thisday of and
signed by the deponent in my presence.

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 Rs.....per month from the Central Government under the Freedom Fighters Pension Scheme, 1972 (renamed as Swatantrta Sainani Samman Pension Scheme) with effect from.....19.....sanctioned 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 was lodged in.....jail in.....District during the period from.....to.....

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 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 jail 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..... (full address)
District is a *bonafide* Freedom Fighter who remained underground on account of his/her participation in the Movement during freedom struggle during the period from..... to..... (total.....months).

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..... on account of his/her participation in the Movement for a period from..... to (total.....months).

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-प्रपत्र:

(इसे सम्बन्धित जिला के उपायुक्त के माध्यम से सरकार को भेजा जाए।)

1. स्वतन्त्रता सेनानी का नाम:_____

2. आयु: _____

3. पिता का नाम: _____

4. व्यावसाय: _____

5. स्थाई पता: _____

कृपया
एस0डी0एम0
अथवा
तहसीलदार द्वारा
सत्यापित फोटो
लगाएं।

6. पत्राचार हेतु पता:_____
- _____
- _____
7. केन्द्र सरकार द्वारा स्वतन्त्रता सेनानी घोषित किए जाने सम्बन्धी पत्र की संख्या व तिथि:_____
- (कृपया घोषणा पत्र तथा पी.पी. ओ. की प्रति संलग्न करें।)
8. क्या केन्द्र द्वारा पेंशन राज्य सरकार की सिफारिश पर लगाई गई है या सीधे केन्द्र सरकार द्वारा : _____
9. राज्य सहकारी बैंक में आवेदक का खाता संख्या:_____
10. राज्य सहकारी बैंक की शाखा का नाम:_____
11. आवेदन की तिथि:_____

(आवेदक के हस्ताक्षर)

नोट:-

1. पूर्णतया भरे गए एवं वांछित प्रमाणपत्रों सहित 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 मृत्यूपरान्त उनकी वैध पत्नियों को “हिमाचल प्रदेश स्वतन्त्रता सेनानी सम्मान योजना-1985” के अन्तर्गत सम्मान राशि हस्तांतरण हेतु निर्धारित प्रपत्र:

(सम्बन्धित उपायुक्त कार्यालय के माध्यम से सरकार को भेजा जाए ।)

प्रशासकीय
दण्डाधिकारी
द्वारा
सत्यापित
फोटो के लिए
स्थान ।

- 1. आवेदिका का नाम तथा आयु:.....
- 2. स्थाई पता:
.....
.....
- 3. आवेदिका के पति का नाम:.....
- 4. स्वतन्त्रता सेनानी की मृत्यु तिथि:.....
(मृत्यु प्रमाणपत्र संलग्न करें)
- 5. केन्द्र/प्रदेश सरकार द्वारा स्वतन्त्रता सेनानी घोषित करने सम्बन्धी पत्र की संख्या व तिथि:.....
(प्रति संलग्न करें ।)
- 6. आवेदिका का व्यवसाय:
- 7. क्या आवेदिका स्वतन्त्रता सेनानी की एकमात्र पत्नि है:.....
(पंचायत प्रधान का प्रमाणपत्र संलग्न करें ।)
- 8. राज्य सहकारी बैंक में आवेदिका का खाता संख्या:.....
- 9. राज्य सहकारी बैंक की शाखा का नाम:.....
- 10. आवेदिका के हस्ताक्षर/अंगूठे का निशान: _____
- 11. आवेदन की तिथि:

- नोट:-
- 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 मृत्यु के उपरान्त सम्मान राशि उनकी अविवाहित पुत्रियों को हिमाचल प्रदेश स्वतन्त्रता सेनानी सम्मान योजना-1985 के अन्तर्गत लाभ प्राप्त करने हेतु निर्धारित आवेदन-प्रपत्र:

(इसे सम्बन्धित जिला के उपायुक्त के माध्यम से सरकार को भेजा जाए ।)

1. आवेदिका का नाम:-----	<div>कृपया एस0डी0एम0 अथवा तहसीलदार द्वारा सत्यापित फोटो लगाएं।</div>
2. पिता का नाम:-----	
3. माता का नाम:-----	
4. आवेदिका की आयु:-----	
5. व्यवसाय: -----	
6. आवेदिका के माता-पिता की मृत्यु तिथि:----- (मृत्यु प्रमाणपत्रों की प्रतियां संलग्न करें)	
7. स्थाई पता: ----- ----- -----	
8. पत्राचार हेतु पता ----- ----- -----	
9. आवेदिका के पिता को सरकार द्वारा स्वतन्त्रता सेनानी घोषित किए जाने सम्बन्धी पत्र की संख्या व तिथि:----- (कृपया घोषणापत्र तथा पी.पी. ओ. की प्रति संलग्न करें ।)	
10. आवेदिका के अविवाहित होने सम्बन्धी पंचायत प्रधान द्वारा जारी प्रमाण पत्र संलग्न करें :-----	
11. राज्य सहकारी बैंक में आवेदक का खाता संख्या:-----	
12. राज्य सहकारी बैंक की शाखा का :-----	
13. आवेदन की तिथि: ----- (आवेदिका के हस्ताक्षर)	

नोट:-

- 1. पूर्णतया भरे गए एवं वांछित प्रमाणपत्रों सहित 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 पत्र

1. प्रार्थी का नाम :
2. स्वतन्त्रता सेनानी का नाम:
(साक्ष्य की प्रति सहित)
3. पुत्री/पौत्री का नाम :
जन्म तिथि :
(शब्दों तथा अंकों में)
4. घोषित स्वतन्त्रता सेनानी
से सम्बन्ध :
5. निवास का स्थाई पता :
.....
.....
6. परिवार का पूर्ण ब्योरा:
(परिवार रजिस्टर की प्रति सहित)
7. बैंक नाम व खाता संख्या:
8. दूरभाष नम्बर:

.....
(संरक्षक/आवेदक के हस्ताक्षर)

प्रमाण पत्र

प्रमाणित किया जाता है कि श्री.....
पुत्र श्री, निवासी....., डाकघर
तहसील....., जिला(हि0प्र0) स्वतन्त्रता सेनानी घोषित है तथा
कुमारी(परिवार रजिस्टर के अनुसार) उनकी पुत्री/पौत्री है, जिनका
विवाह दिनांक को होना निश्चित हुआ है।

तिथि:.....

प्रधान, ग्राम पंचायत
(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 / Daughter of Sh.
_____ Village _____ Panchyat
_____ Tehsil _____ District
_____ Himachal Pradesh is a Child /Grand Child of Shri
_____ who is/was a freedom fighter in terms of the
Government of India OR Himachal Pradesh Government Letter No.
_____ Dated _____
and has been granted Pension under Government of India Freedom Fighter Pension
Scheme-1972/1980 OR Himachal Pradesh Freedom Fighters Financial Assistance
Scheme -1985, or declared as Freedom Fighter after death.

**Dated _____ Deputy Commissioner/
SDO(Civil) _____**
District _____ H.P.

Note: Strike out whichever is not Applicable

उपायुक्त/उपमण्डलाधिकारी (ना0) द्वारा जारी किये जाने वाले प्रमाण पत्र का निर्धारित प्रपत्र जो स्वतन्त्रता सेनानियों के बच्चों/पौत्रों द्वारा प्रस्तुत किया जाना है ।

प्रमाणित किया जाता है कि श्री/कुमारी
पुत्र/पुत्री श्री गांव पंचायत .
..... तहसील जिला
..... हिमाचल प्रदेश श्री का पुत्र/पुत्री/पौत्र/पौत्री है,
जो कि भारत सरकार या हिमाचल प्रदेश सरकार के पत्र संख्या
..... दिनांक के अनुसार स्वतन्त्रता सेनानी है तथा जिसे भारत
सरकार की स्वतन्त्रता सेनानी सम्मान पेंशन योजना, 1972/1980 या जिसे हिमाचल प्रदेश
स्वतन्त्रता सेनानी वित्तीय सहायता योजना-1985, के अन्तर्गत पेंशन/सम्मान राशि स्वीकृत
है या मरणोपरान्त स्वतन्त्रता सेनानी घोषित है

तिथि

उपायुक्त/उप-मण्डलाधिकारी(नागरिक)
..... जिला
हिमाचल प्रदेश ।

नोट :- जो लागू नहीं होता उसे काट दीजिए

Application form

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

.....

.....

.....

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 :

<p>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)</p>	<p><u>Name</u></p>	<p><u>Age</u></p>	<p><u>Relationship</u></p>
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10. Whether he or she is receiving :
pension from the State
Government, under the State
Scheme, if so, amount

Part – II

Particulars of suffering undergone during the Freedom Struggle

11. (i) Imprisonment:

- (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 : From To
- (e) Evidence
 - (i) Court Judgement :
 - (ii) Jail Certificate :
 - (iii) Co-prisoner Certificate :
(This should be in the prescribed form
attached at Annexure –I)

(ii) Underground :

(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.

(V) Loss of Job/means of Livelihood :

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.

(VIII) Martyrdom :

- (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:

Signature of the applicant

Date:

AFFIDAVIT

I, S/o. Shri aged
..... occupationresident 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.

Deponent:

Solemnly affirmed at.....

this day of

And his name 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

To

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 Rs.....per month.
(b) All the above particulars furnished by me are true and correct to the best of my knowledge.

Place:

Date:

Signature of the Applicant

Copy to the District Collector(direct)

(PERSONAL KNOWLEDGE CERTIFICATE)
ANNEXURE II

I, (the undersigned) son of / daughter/wife of Shri
.....andresidentof(Fulladdress)
.....
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.....dated.....

I suffered actual imprisonment for more than 2 years during the freedom struggle and was
lodged in jail, in.....District during the
period from to

I hereby certify that Shri/Smt.....son
/daughter/wife of Shri resident ofDistrict is a bonafide freedom
fighter who

(a) Remained underground freedom for more than six months for the period from
.....to.....as he/she was

(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.

(b) Ordered to be externed from his district, or interned in his home a period of more
than six months from.....to.....by the
..... Courtin case No.
.....of 19..... on account of his/her participation in
the.....movement during the freedom struggle. To the best
of my knowledge and belief he/she did not secure reprieve on account of any oral or written
apology tendered by him/her. He/she also did not go underground voluntarily or for fear of
arrest on account of his/her patriotic activities.

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).....on the..... Day of
..... 19.....

(CO-PRISONER CERTIFICATE)

I (the undersigned) son / daughter / wife of shri
..... am a freedom fighter and have been recipient of Central Freedom Fightser's
Pension under Ministry of Home affairs, order No.....dated.....in the
State/Union Territory is an eligible certifier under the Liberalised 1980 Swatantrata Sainik Samman Pension
Scheme.

2. I was involved in Case No.....u/s.....
.....which was tried by Shri.....(Name of the Magistrate
and Place) and was sentenced to imprisonment for a period of.....years/months in the
Year.....

3. I suffered imprisonment during the freedom struggle and was lodged in.....
..... Jail in.....District during the period from
.....to.....

4. I hereby certify that Shri/Smt/Kumari..... son/daughter/wife of Shri
..... resident of.....
.....district is a bonafide freedom fighter who was also imprisoned on account of his/her participation
in theMovement during the freedom struggle, was tried by the Court
of.....in the year..... and was lodged in the same jail along with me during the
period from.....to.....

5. To the best of my knowledge and belief he/she was not prematurely released from jail on account
of any oral or written apology tendered by him/her.

6. If any information given above is subsequently found to be false or wrong I hereby give an
undertaking that my pension can be cancelled forthwith and I will be liable to pay the amount of
pension drawn till date.

Signature.....

Name of the Certifier
(In block letters)

Dated at (Place).....on the.....day of