

APPLICATION FOR KSB OLA SAINIK

(For Office Use)

OLA CAB Pilot Project Regn No.: CSRH/O/K/_____ Date : _____

1 Name : _____
(First Name) (Middle Name) (Last Name)

2. **Details of Army Service :**

Service No : _____ Last Rank Held : _____
Date of Enrollment : _____ Date of Retirement : _____
ESM ID Card No : _____ Dependent RSB : _____
Bank Account No : _____ Dependent ZSB : _____
Name of Bank : _____
Branch : _____
IFSC : _____

3. **Contact Details** :-

	Local Address	Permanent address
House No		
Vill		
District		
State		
PIN		
Phone No		
Email ID		

4. **Family Background:**

Marital Status: Single / Married / Separated / Divorced / Widow / Widower :

Spouse's Name : _____ Date of Birth: _____ Occupation : _____

Children Name : _____ Date of Birth : _____ Son / Daughter: _____
: _____ Date of Birth : _____ Son / Daughter: _____

Father's Name : _____ Occupation : _____

Mother's Name: _____ Occupation : _____

Detail of other members: _____

5. **Documents Attached (Photocopy only, Fill details if applicable)**

Ser No	Document	NO./Particulars
(a)	Passport Size Photos (Three Copies)	
(b)	Discharge Service Book	
(c)	PPO	
(d)	ESM Card/Widow Card	
(e)	Aadhar Card	
(f)	PAN Card	
(g)	Bank pass book/Cancelled Cheque	
(h)	Driving Licence	
(i)	Matriculation Certificate (wards only)	
(j)	Police Verification Certificate (If held)	
(k)	ECHS Card	

Place : _____

Date : _____

(Signature of Individual)

(Please Note : Original documents will be verified on site, you are requested to bring the same on the day of documentation)

KSB(Email) : jdadmcordksb@gmail.com Tele No.: 9667647016

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OLA CAB Pilot Project Regn No.: CSRH/O/K/ Date : _____

1. Name : _____
(First Name) (Middle Name) (Last Name)

ESM/Ward/Widow : _____

OLA Option Applied For: (Tick whichever applicable)

- (a) Self Owned Self Driven/
- (b) Ola Owned Self Driven/
- (c) Self Owned Ward driven/
- (d) Ola Owned Ward Driven/

Location Applied For (City) : _____

2. **Physical Parameters**

Weight (Kgs.) : _____ Height (Ft) : _____
Blood Group : _____ Medical History : _____
Eye Sight : _____ BP : _____

OLA SAINIK CAB REGISTRATION RECEIPT

Regn No: CSRH/O/K/ Regn Date: _____

Service No : _____ Name _____

Last Rank Held : _____

Contact Details

KSB(Email) : jdadmcordksb@gmail.com Tele No.: 9667647016

3. Do you have your own house in Delhi ? Yes / No

If yes, Area/ location: _____

4. Do you know driving, you have driving license

(a) DL No _____ Date of Issue _____ Valid Upto _____

(b) License for type of vehicle : _____

5. Do you own a vehicle (Yes / No)

(a) Type/Model _____ Regn No _____

(b) Year of manufacture : _____

Place: _____

Date : _____

(Signature of Individual)

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