



Haryana Government Gazette

Published by Authority

© Government of Haryana

No. 18-2025] CHANDIGARH, TUESDAY, MAY 6, 2025 (VAISAKHA 16, 1947 SAKA)

PART-I

Notifications, Orders and Declarations by Haryana Government

हरियाणा सरकार

सैनिक एवं अर्ध सैनिक कल्याण विभाग

अधिसूचना

दिनांक 6 मई, 2025

No. 53/11/2025-4डी-III.— हरियाणा सरकार द्वारा समय-समय पर जारी निर्देशों/अधिसूचनाओं संख्या 21/1/97-4D-III दिनांक 02.08.2016 और संख्या 06.03.2017 के क्रम में, हरियाणा राज्य के केंद्रीय सशस्त्र बलों और केंद्रीय सशस्त्र पुलिस बलों (सी.ए.पी.एफ.) के शहीद कार्मिकों के परिवार के सदस्यों/निकायों को अनुग्रह अनुदान के संबंध में, जो परिचालन क्षेत्रों/युद्ध/आतंकवादी या उग्रवादी हमले/सीमा झड़पों और संयुक्त राष्ट्र शांति सेना आदि में सेवा करते समय अपने वास्तविक आधिकारिक कर्तव्यों के निर्वहन में सेवा के दौरान मर जाते हैं या विकलांग हो जाते हैं।

2. अनुग्रह अनुदान की राशि में संशोधन के कारण तथा अनुग्रह अनुदान की पात्रता की शर्तों व नियमों से संबंधित संदेहों को दूर करने के लिए, अब तक जारी सभी अनुदेशों (अनुलग्नक-एफ में सूचीबद्ध) के स्थान पर समेकित संशोधित अनुदेश जारी करने का निर्णय लिया गया है।

3. अब पात्र परिवार के सदस्यों या विकलांग सैनिकों को अनुग्रह अनुदान की राशि निम्नलिखित नियमों और शर्तों पर स्वीकार्य होगी:—

(1) युद्ध हताहतों के मामलों के लिए अनुग्रह अनुदान की राशि:

23.02.2024 को या उसके बाद युद्ध हताहतों के मामलों के लिए अनुग्रह अनुदान की संशोधित राशि निम्नानुसार होगी:—

क्रम संख्या	घटनाएँ	राशि
(क)	युद्ध हताहत	रु. 1.00 करोड़
(ख)	70% और उससे अधिक की विकलांगता	रु. 35.00 लाख
(ग)	50% से 69% के बीच विकलांगता	रु. 25.00 लाख
(घ)	20% से 49% के बीच विकलांगता	रु. 15.00 लाख

(2) परिभाषाएं: इस नीति में प्रयुक्त शब्दों को निम्नानुसार परिभाषित किया गया है:—

(क) 'हरियाणा राज्य से संबंधित' का तात्पर्य संघ सशस्त्र बलों और केंद्रीय सशस्त्र पुलिस बलों के ऐसे सदस्यों से है जो रक्षा बलों/सी.ए.पी.एफ. में सेवा में शामिल होने/प्रवेश के समय हरियाणा राज्य के निवासी हैं, चाहे उनका वर्तमान आवासीय पता कुछ भी हो।

नोट: यदि किसी व्यक्ति का पता सेवा में शामिल होने के समय अस्थायी था, तो स्थानांतरणीय केंद्रीय सरकारी कर्मचारियों की तैनाती के स्थान के कारण, निवास की स्थिति उसके पिता के सेवा में शामिल होने के समय के स्थायी घर के पते के आधार पर तय की जाएगी।

- (ख) 'युद्ध हताहतों/परिचालन हताहतों' का अर्थ है 'संघ सशस्त्र बल प्राधिकारियों या केंद्रीय सशस्त्र पुलिस बल प्राधिकारियों द्वारा 'युद्ध हताहतों' या 'परिचालन हताहतों' के रूप में घोषित विभिन्न प्रकार की कार्रवाइयां, चाहे कोई भी ऑपरेशन या ऑपरेशन का कोई निर्दिष्ट क्षेत्र हो जिसमें संघ सशस्त्र बलों या केंद्रीय सशस्त्र पुलिस बलों (सी.ए.पी.एफ.) का कोई सदस्य परिचालन क्षेत्रों/युद्ध/आतंकवादी या उग्रवादी हमलों/सीमा झड़पों और संयुक्त राष्ट्र शांति सेना में सेवा करते समय वास्तविक आधिकारिक कर्तव्यों के निष्पादन में मारा जाता है या सेवा में रहते हुए मृत्यु हो जाती है या सेवा में विकलांग हो जाता है, एम.टी. दुर्घटना, दिल का दौरा, हवाई दुर्घटना, समुद्र में दुर्घटना, आंतरिक सुरक्षा संचालन के दौरान मृत्यु, चुनाव कर्तव्यों, प्राकृतिक आपदाओं और बचाव कार्यों आदि के दौरान जो कर्तव्यों के निष्पादन के प्रति असाधारण साहस और निर्णय की मांग करते हैं।
- (ग) 'विकलांग सैनिक' का अर्थ है वह सैनिक जो केंद्रीय सशस्त्र बलों या केंद्रीय सशस्त्र पुलिस बलों (सी.ए.पी.एफ.) में सेवा करते समय युद्ध या ऑपरेशन में विकलांग हो जाता है, जैसा भी मामला हो। इसमें युद्ध में हताहत हुए विकलांग कर्मी शामिल हैं, जिन्हें विकलांगता के कारण बोर्ड से बाहर कर दिया गया है या सेवा में बनाए रखा गया है।
- (घ) 'अनुग्रह अनुदान' से तात्पर्य केंद्रीय सशस्त्र बलों और केंद्रीय सशस्त्र पुलिस बलों (सी.ए.पी.एफ.) के शहीदों के परिवार के सदस्यों और हरियाणा राज्य के विकलांग सैनिक को स्वीकार्य एकमुश्त राशि है, जो युद्ध में हताहत होने या परिचालन हताहतों के सभी मामलों में मारे गए या विकलांग हो गए हैं।
- (ङ) अनुग्रह अनुदान के प्रयोजन के लिए परिवार: अनुग्रह अनुदान के प्रयोजन के लिए परिवार और पात्र परिवार के सदस्यों को स्वीकार्य हिस्सा निम्नानुसार होगा:-
- (i) पति/पत्नी को 35%, भले ही उसने पुनर्विवाह किया हो या नहीं।
 - (ii) बच्चों को 35% (सभी बच्चों में समान रूप से विभाजित किया जाएगा)।
 - (iii) माता-पिता को 30% (माता को 15%, पिता को 15%), भले ही वे मृतक पर आश्रित हों या नहीं।
 - (iv) अविवाहित शहीद के मामले में माता-पिता को 100% (माता को 50% और पिता को 50%)
 - (v) यदि मृतक कार्मिक के कोई संतान नहीं है तो 50% विधवा (पति/पत्नी) को तथा 50% (25% + 25%) माता-पिता को।
 - (vi) यदि माता और पिता दोनों जीवित नहीं हैं तो 50% विधवा को तथा 50% बच्चों को।
 - (vii) यदि पिता या माता में से कोई जीवित है तो अनुग्रह राशि का हिस्सा उसे, जैसा भी मामला हो, जारी किया जाएगा।
 - (viii) यदि विधवा (पति/पत्नी) जीवित नहीं है तो 50% माता-पिता को तथा 50% बच्चों को।
 - (ix) यदि विधवा (पति/पत्नी) जीवित नहीं है तथा उसकी कोई संतान नहीं है तो 100% माता-पिता को।
 - (x) यदि अविवाहित शहीद के माता-पिता जीवित नहीं हैं तो अनुग्रह अनुदान का भुगतान आश्रित अविवाहित भाई/बहनों को किया जाना चाहिए, बशर्ते वे मृतक कार्मिक के जीवनकाल में उसके साथ रह रहे हों तथा शहीद पर पूर्णतः आश्रित थे।

नोट 1. - कोई अन्य पारिवारिक सदस्य/रिश्तेदार अनुग्रह अनुदान के लिए पात्र नहीं होगा।

नोट 2. - विकलांग कार्मिकों के मामले में अनुग्रह अनुदान माता-पिता सहित किसी भी पारिवारिक सदस्य के साथ साझा नहीं किया जाएगा।

- (च) 'केंद्रीय सशस्त्र पुलिस बलों के कार्मिक' का तात्पर्य भारत सरकार के गृह मंत्रालय के अधिकार क्षेत्र के अंतर्गत हरियाणा राज्य से संबंधित बी.एस.एफ., सी.आर.पी.एफ., असम राइफल्स, आई.टी.बी.पी., सी.आई.एस.एफ., रैपिड एक्शन फोर्स आदि के सदस्यों से है।
- (छ) 'केंद्रीय सशस्त्र बलों के कार्मिक' का तात्पर्य हरियाणा राज्य से संबंधित सेना, नौसेना, वायु सेना या भारतीय तटरक्षक बल के सदस्यों से है।
- (3) अनुग्रह अनुदान की स्वीकृति के लिए सक्षम प्राधिकारी और उसकी प्रक्रिया:
- (क) अनुग्रह अनुदान स्वीकृत करने के लिए सक्षम प्राधिकारी प्रशासनिक सचिव, सैनिक एवं अर्ध सैनिक कल्याण विभाग है और ऐसे मामलों को स्वीकृत करने की शक्तियां उपायुक्त-सह-अध्यक्ष, जिला सैनिक एवं अर्ध सैनिक कल्याण कार्यालय को सौंपी गई हैं और इसका भुगतान संबंधित उपायुक्त-सह-अध्यक्ष,

जिला सैनिक एवं अर्ध सैनिक कल्याण कार्यालय द्वारा लाभार्थियों के आधार लिंकड बैंक खातों में आरटीजीएस के माध्यम से किया जाएगा।

- (ख) केन्द्रीय सशस्त्र बलों या केन्द्रीय सशस्त्र पुलिस बलों के पात्र पारिवारिक सदस्य(यों) या दिव्यांग व्यक्ति को अनुग्रह अनुदान स्वीकृत करने के लिए, जैसा भी मामला हो, इस नीति के अनुलग्नक ए और बी में उपलब्ध फॉर्म-1 या फॉर्म-2 में संबंधित जिला सैनिक और अर्ध सैनिक कल्याण अधिकारी को आवेदन प्रस्तुत करना होगा।
- (ग) विकलांग सैनिक या शहीद के परिवार के सदस्यों से आवेदन प्राप्त होने पर, संबंधित जिला सैनिक एवं अर्ध सैनिक कल्याण अधिकारी द्वारा इसका सत्यापन एवं जांच की जाएगी तथा मामला उपायुक्त-सह-अध्यक्ष, जिला सैनिक एवं अर्ध सैनिक कल्याण कार्यालय को प्रस्तुत किया जाएगा। तत्पश्चात मूल स्वीकृति, ऑनलाइन बजट जारी करने के लिए अनुमोदन हेतु निदेशक/महानिदेशक, सैनिक एवं अर्ध सैनिक कल्याण विभाग, हरियाणा को चेक लिस्ट (अनुलग्नक-सी के अनुसार) के अनुसार सभी दस्तावेजों की प्रमाणित सत्य प्रतिलिपियों के साथ उनकी टिप्पणियों सहित भेजी जाएगी।
- (घ) निदेशक/महानिदेशक, सैनिक एवं अर्ध सैनिक कल्याण विभाग, हरियाणा के कार्यालय में मामला प्राप्त होने पर इसकी जांच की जाएगी तथा अनुमोदन के लिए प्रशासनिक सचिव को प्रस्तुत किया जाएगा तथा स्वीकृत होने पर विकलांग सैनिक या शहीद के परिवार के सदस्यों को अनुग्रह अनुदान के भुगतान के लिए जिला सैनिक एवं अर्ध सैनिक कल्याण अधिकारी को ऑनलाइन बजट जारी किया जाएगा तथा इसकी प्रतिलिपि संबंधित अधिकारियों/प्राधिकारियों/लाभार्थियों आदि को भेजी जाएगी।
- (ङ) संपूर्ण अभिलेख (शहादत से संबंधित दस्तावेज) तथा अनुग्रह अनुदान राशि का भुगतान जिला सैनिक एवं अर्ध सैनिक कल्याण कार्यालय के संबंधित कार्यालय में सुरक्षित रखा जाएगा। वे इन दस्तावेजों की सॉफ्ट कॉपी भी सुरक्षा एवं अभिलेख के लिए अपलोड करेंगे।
- (4) विकलांग सदस्यों को अनुग्रह अनुदान:
- संघीय सशस्त्र बलों एवं केन्द्रीय सशस्त्र पुलिस बलों के उन सदस्यों को समय-समय पर सरकार द्वारा निर्धारित दर पर अनुग्रह अनुदान स्वीकार्य होगा, जो युद्ध में हताहत होने के कारण आजीवन विकलांग हो जाते हैं, जिन्हें उनकी विकलांगता के कारण केन्द्रीय सशस्त्र बलों या केन्द्रीय सशस्त्र पुलिस बलों द्वारा कल्याणकारी उपायों के रूप में या तो चिकित्सा बोर्ड आउट किया जा सकता है या सेवा में बनाए रखा जा सकता है। विकलांगता तत्त्व प्रारंभिक मेडिकल बोर्ड द्वारा निर्धारित स्थायी प्रतिशत का होना चाहिए। बाद की समीक्षा मेडिकल बोर्ड की रिपोर्ट का अनुग्रह अनुदान के भुगतान पर कोई प्रभाव नहीं पड़ेगा, जिससे विकलांगता तत्त्व बढ़ या घट सकता है।
- (5) व्यय का वर्गीकरण:
- (क) केन्द्रीय सशस्त्र बलों के शहीदों के विकलांग सैनिक या परिवार के सदस्यों को अनुग्रह अनुदान के लिए व्यय मुख्य शीर्ष "2235-सामाजिक सुरक्षा और कल्याण (गैर-योजना) -60-अन्य सामाजिक सुरक्षा और कल्याण कार्यक्रम-200-अन्य कार्यक्रम (95)- 34-अन्य प्रभार (पी-01-16-2235-60-200-95-51-आर-वी-कश्मीर अभियान आदि में वीरता के कार्यों के लिए सैनिकों और वायुसैनिकों को पुरस्कार) के अंतर्गत पूरा किया जाएगा। मांग संख्या 16.
- (ख) केन्द्रीय सशस्त्र पुलिस बलों के शहीद के विकलांग सैनिक या परिवार के सदस्य को अनुग्रह अनुदान के लिए व्यय मुख्य शीर्ष "2235-सामाजिक सुरक्षा एवं कल्याण (गैर-योजना)-60-अन्य सामाजिक सुरक्षा एवं कल्याण कार्यक्रम-200-अन्य कार्यक्रम (77)- 34-अन्य प्रभार (पी-01-16-2235-60-200-77-51-आर-वी-आतंकवादियों के साथ वीरतापूर्ण कार्रवाई के लिए केन्द्रीय अर्धसैनिक बलों के व्यक्तियों को अनुग्रह) के अंतर्गत पूरा किया जाएगा। मांग संख्या 16.
- (6) कठिनाइयों को शिथिल करने या दूर करने की शक्ति:-
- यदि इस नीति के आवेदन, व्याख्या और दायरे से संबंधित कोई संदेह उत्पन्न होता है, तो इसे हरियाणा सरकार के सैनिक और अर्धसैनिक कल्याण विभाग (रक्षा-III शाखा), पंचकूला को भेजा जाएगा। हरियाणा सरकार के सैनिक और अर्धसैनिक कल्याण विभाग के प्रशासनिक सचिव के पास व्याख्या, परिवर्तन, संशोधन, शिथिलता और संदेह (संदेहों) को दूर करना, तथा उसका निर्णय अंतिम होगा।

विजयेन्द्र कुमार,
अतिरिक्त मुख्य सचिव, हरियाणा सरकार,
सैनिक एवं अर्ध सैनिक कल्याण विभाग।

Annexure-A

Form-1

{(See Para 3(3)(b))}

Application for Ex-gratia Grant to the family members of killed Personnel of Union Armed Forces or Central Armed Police Forces)

1.	No., Rank and Name of Martyr	
2.	Name of father of Martyr	
3.	Date of Birth of Martyr	
4.	Date of enrolment/commission	
5.	Date of Martyrdom	
6.	Type of casualty (Battle/Physical)	
7.	Battle/Physical casualty Certificate No. and date.	
8.	Govt. of Haryana policy/instructions under the purview case is covered	
9.	Eligible for amount of Rs.	
10.	Unit/Formation	
11.	Regiment/Services	
12.	Place of casualty with name of operation (War Time/Peace Time)	
13.	Parivar Pehchan Patra No. With date	
14.	Aadhar No.	
15.	Ration Card No. and date of issue	
16.	PAN No.	
17.	Haryana Resident Certificate No. and date.	
18.	Name Spouse of Martyr	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
19.	Name of Father (If alive)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
20.	Name of Mother (If alive)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	

	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
21.	Name of Child (1)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
22.	Name of Child (2)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bankers	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
23	Name of Child (3)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bankers	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
24	Permanent address of Martyr at the time of joining/commission into the service.	
25	Permanent address of Martyr at the time of Martyrdom.	
26	Present address of beneficiary (ies)	
Note:- Photocopy of all documents should be certified by Welfare Officer with Stamp		

Place :

Signature _____
(Name of applicant)

Date :

FOR OFFICE USE

1.	Whether any grant of ex-gratia has earlier been sanctioned/paid by the SASWD/DSAWO	
2.	Certified that above contents have been checked by me personally and verified as per records.	

Place :

Signature _____
(Name of Welfare Organiser) _____

Date :

**RECOMMENDATIONS OF WELFARE OFFICER
RECOMMENDED/NOT RECOMMENDED**

Place :

Date :

Annexure-B

Form-2
{{(See Para 3(3)(b))}}

Application for Ex-gratia Grant to the disabled Personnel of Union Armed Forces or Central Armed Police Forces)

1.	No., Rank and Name of disabled personnel	
2.	Name of father	
3.	Date of Birth	
4.	Date of enrolment/commission	
5.	Date of discharge/retirement	
6.	Unit/Formation	
7.	Regiment/Services	
8.	Type of casualty (Battle/Physical)	
9.	Place of casualty with name of operation (War Time/Peace Time)	
10.	Battle/Physical casualty Certificate No. and date.	
11.	%age of disability as per initial medical board proceedings	
12.	Govt. of Haryana policy/instructions under the purview of case covered	
13.	Eligible for amount of Rs.	
14.	Parivar Pehchan Patra No.	
15.	Aadhar No.	
16.	PAN No.	
17.	Haryana Resident Certificate No. and date.	
18.	Ration Card No. and date of issue.	
19.	Name of Bank	
20.	Bank IFSC No	
21.	Bank MICR Code	
22.	Bank account No.	
23.	Permanent home address of Disabled personnel at the time of joining/commission into the service.	
24.	Permanent home address of Disabled personnel at the time of disability.	
25.	Present home address of disabled personnel	
Note :- Photocopy of all documents should be certified by Welfare Officer with rubber stamp.		

Place :
Date :

Signature _____
(Name of applicant)

FOR OFFICE USE

1.	Whether any grant of ex-gratia has earlier been sanctioned/paid by the SASWD/DSAWO.	
2.	Certified that above contents have been checked by me personally and verified as per records.	

Place :

Signature _____
(Name of Welfare Organiser) _____

Date :

**RECOMMENDATIONS OF WELFARE OFFICER
RECOMMENDED / NOT RECOMMENDED**

Place :

Date :

Annexure-C

{(See Para 3(3)(c))
CHECK LIST

Sr. No.	Contents	Details
1.	Application performa for sanction of grant of ex-gratia	
	(a) No., Rank and Name of Martyr/ Disabled personnel	
	(b) Father's Name of Martyr/Disabled personnel.	
	(c) Name of Arms/Regiment/Battalion	
	(d) Date of joining/ commission into the service.	
	(e) Name of Beneficiary (ies)	
	If Ex-gratia Grant will be sanctioned to dependents/NOK of Martyr – Copy of details of family/ dependents, issued by service HQ in case of Officers and Records in case of JCOs/OR:-	
	(i) Name Widow/Spouse	
	(ii) Name of Father (In case of not alive, Copy of death certificate)	
	(iii) Name of Mother (In case of death, Copy of death certificate)	
	(iv) Name of Child/Children	
	(f) Date of Martyrdom with copy of proof duly attested by concerned Welfare Officer, DSASWD.	
	(g) Date of Marriage with Martyr (In case of beneficiary is widow/spouse).	
	(h) (i) Home address of Martyr/Disabled personnel at the time of joining/commission into the service with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(ii) Home address of Martyr/Disabled personnel at the time of Martyrdom/Disability with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(iii) Present home address of Martyr/ Disabled personnel with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(j) Haryana Domicile/Haryana Residence Certificate No. with date of issue. (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(k) Parivar Pehchan Patra of awardee/ Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(l) Aadhar No. of awardee/Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(m) PAN of of awardee/Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(n) Type of casualty (Battle/Physical)	

	(o) Date of casualty	
	(p) Name of operation	
	(q) Theatre – War/Peace	
	(r) Policy/Instructions of the Govt. of Haryana on the subject (Copy attached)	
	(s) Eligible for amount of Rs.	
2.	Affidavit from disabled personnel or dependent/NOK of Martyr. (Details furnished by personnel/Beneficiary (ies))	
	(a) Personal details	Yes/No -
	(b) Home address (at the time of joining/commission into the service, at the time of Martyrdom/Disability and present)	Yes/No -
	(c) Date of applied for grant of ex-gratia with concerned District Sainik & Ardh Sainik Welfare Officer.	Yes/No -
	(d) Undertaking by Deponent neither he/she nor his/her family members had received any grant of ex-gratia from any other State Govt. or Haryana Rajya Sainik Board/ Haryana Sainik & Ardh Sainik Welfare Department on account of the grant of ex-gratia .	Yes/No -
	(e) Haryana Govt. instructions No. under which awardee is eligible.	Yes/No -
	(f) Undertaking by Deponent that I will never be claim/ask for arrears for grant of ex-gratia in case of rates enhanced in future by the Govt. of Haryana.	Yes/No –
	(g) Undertaking by Deponent that If my statement is found false or incorrect I shall be liable for legal consequences arising there from.	Yes/No –

Place :

Signature _____
(Name of applicant)

Date :

3. Recommended amount by Welfare Organiser is Rs.

4. It is to certify that all details given above have been checked by me personally and found correct. I will be liable to Disciplinary/Administrative action, if any found incorrect at later stage.

Place :

Signature _____
(Name of Welfare Organiser) _____

Date :

5. Recommendation of concerned Welfare Officer.

RECOMMENDED / NOT RECOMMENDED

Place :

Date :

Annexure-D**UNDERTAKING BY THE DISABLED PERSONNEL**

I, No. Rank Name s/o
d/o w/o h.o. Sh./Smt. R/o

.....do hereby solemnly affirm and state/declare as under :-

1. That I sustained on
..... while carrying out operational duty in
(Name of operation/ Activities) and notified as Battle Casualty/Physical Casualty, *vide*
No.dated
2. That My address at the time of joining the service was.....
.....
3. That My address at the time of my disability was
.....
4. That My present address is
.....
5. That neither I nor any member of my family had received any grant of ex-gratia from any other State
Govt. or Sainik & Ardh Sainik Welfare Department, Haryana/District Sainik & Ardh Sainik Welfare Office
..... on account of my disability.
6. That I am eligible for sanction for grant of ex-gratia for my % age of my disability for an
amount of Rs. and my case is covered under Govt. Haryana instructions/policy
No.dated
7. That I will not claim enhanced rate of grant of ex-gratia for my disability
..... from State Govt. in case of rate enhanced in later stage.
8. That in case of receipt of any excess amount granted to me on account of sanction for grant of
ex-gratia for my disability I will refund the excess amount as and when noticed at later stage and will deposit
with District Treasury Officer and copy of Challan Receipt will be handed over/forwarded to my present
Welfare Officer, District Sainik & Ardh Sainik Welfare Officer.....
9. That I have applied to District Sainik & Ardh Sainik Welfare Office,
on for sanctioning of grant of ex-gratia for
10. That if my above statement is found false or incorrect, I shall be liable for legal consequences arising
there from.

Place :

(Signature of claimant)

Date :

AUTHENTICATED BY

Annexure-E

**UNDERTAKING BY THE BENEFICIARY
(In case of grant of Ex-Gratia to Martyr)**

I, Smt./Sh. s/o d/o w/o h.o No.
Rank Name (Martyr) R/o
..... do hereby
solemnly affirm and state/declare as under :-

1. That my husband/wife/father/mother/son/daughter was got Martyrdom on vide Battle Casualty Certificate No. dated
2. That address of My husband/wife/father/mother/son/daughter at the time of joining the service was
.....
3. That address of My husband/wife/father/mother/son/daughter at the time of Martyrdom was
.....
4. That My present address is
.....
5. That any of my family members had received any grant of ex-gratia from any other State Govt. or Sainik & Ardh Sainik Welfare Department, Haryana/District Sainik & Ardh Sainik Welfare Office.....
..... on for grant of ex-gratia.
6. That I am eligible for sanction for grant of ex-gratia for an amount of Rs. and my case is covered under Govt. Haryana instructions/policy No. dated
7. That I will not claim enhanced rate of grant of ex-gratia from State Govt. in case of rate enhanced in later stage.
8. That in case of receipt of any excess amount granted to me on account of sanction for grant of ex-gratia, I will refund the excess amount as and when noticed at later stage and will deposit with District Treasury Officer and copy of Challan Receipt will be handed over/forwarded to my present Welfare Officer, District Sainik & Ardh Sainik Welfare Officer.....
9. That I have applied to District Sainik & Ardh Sainik Welfare Office,
on for sanctioning of sanction for grant of ex-gratia.
10. That if my above statement is found false or incorrect, I shall be liable for legal consequences arising there from.

Place :

(Signature of claimant)

Date :

Annexure F

Form-4
(See Para 2)

Sr. No.	Date of Effect	Death in War and Action against Militants/Terrorists etc.		
		Officers	JCOs	ORs
1.	Upto 31.12.1970, vide Inst. dt. 07.07.1977	5,000	3,000	2,000
2.	01.01.1971, vide Inst. dt. 12.10.1971	7,500	4,500	4,000
3.	01.04.1965, vide Inst. dt. 02.12.1968	5,000	3,000	2,000
4.	23.11.1984, vide Inst. dt. 23.11.1984	25,000	15,000	10,000
5.	06.03.1990, vide Inst. dt. 06.03.1990	25,000	15,000	10,000
6.	01.07.1992, vide Inst. dt. 01.07.1992	25,000	15,000	10,000
7.	01.04.1994, vide Inst. dt. 01.04.1994	50,000	30,000	20,000
8.	01.05.1999, vide Inst. dt. 17.06.1999	1.00 lakh	75,000	50,000
9.	01.05.1999, vide Inst. dt. 23.06.1999	5.00 lakh	4.00 lakh	3.00 lakh
10.	01.04.1999, vide Inst. dt. 30.09.1999	5.00 lakh	4.00 lakh	3.00 lakh
		In case of death due to action against Militant, Terrorists, Extremists or during border skirmishes for Officers/ JCOs/ORs	In case of deaths due to I.E.D. blast. for Officers/ JCOs/ORs	Death during rescue operations, Election duties, Natural calamities etc. for Officers/JCOs/ORs
11.	01.04.1999, vide Inst. dt. 15.06.2001	10.00 Lakh	7.00 lakh	-
12.	04.01.2006, vide Inst. dt. 04.01.2006 (Home)	2.50 lakh	2.00 lakh	Nil
13.	19.02.2014, vide Inst. dt. 25.08.2014 (Home)	20.00 Lakh	20.00 lakh	20.00 lakh
		Death in war and action against Militaries/ Terrorist and Border skirmishes etc. For Officers/JCOs/ORs	Death during I.E.D. blast. For Officers/ JCOs/ORs	Death declared as Battle Casualty by the Defence authorities, irrespective of any operation or any specified area of operation. Defence Forces personnel posted in United Nation peace keeping force and accidents like Air Crash, M.T. accident, at sea, heart attack and loss of like during natural calamity. For Officer/JCOs/ORs.
14.	01.04.1999, vide Inst. dt. 16.01.2015	2.50 lakh	2.00 lakh	Nil
15.	19.02.2014, vide Inst. dt. 16.01.2015	20.00 lakh	20.00 lakh	20.00 lakh
16.	24.03.2016, vide Inst. dt. 02.08.2016 (Armed Forces)	50.00 lakh	50.00 lakh	50.00 lakh
17.	01.11.2016, vide Inst. dt. 06.03.2017 (C.P.M.F.)	50.00 lakh	50.00 lakh	50.00 lakh

Sr. No.	Date of effect	Disability (75% and above for all eligible persons)	Disability (50% to 74%) for all eligible persons.	Disability (25% to 49%) for all eligible persons
1.	Upto 31.12.1970, vide Inst. dt. 07.07.1977	-		
2.	01.01.1971, vide Inst. dt. 12.12.1971	-	Officers-5,000/-, JCOs-3,000 and ORs-2,000	Officers – 2,500/-, JCOs - 1,500 and ORs - 1,000
3.	01.04.1965, vide Inst. dt. 02.02.1968	-	Officers-7,500, JCOs-4,500 and ORs-4,000	Officers – 3,750/-, JCOs - 2,250 and ORs - 1,500
4.	23.11.1984, vide Inst. dt. 23.11.1984	-	Officers-5,000/-, JCOs-3,000 and ORs-2,000	Officers – 2,500/-, JCOs - 1,500 and ORs - 1,000
5.	06.03.1990, vide Inst. dt. 06.03.1990	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
6.	01.07.1992, vide Inst. dt. 01.07.1992	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
7.	01.04.1994, vide Inst. dt. 01.04.1994	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
8.	01.05.1999, vide Inst. dt. 17.06.1999	-	Officers-50,000/-, JCOs-30,000 and ORs-20,000	Officers-25,000/-, JCOs-15,000 and ORs-10,000
9.	01.05.1999, vide Inst. dt. 17.06.1999	-	Officers-1.00lakh, JCOs-.75 lakh and ORs-.50lakh	Officers-50,00/-, JCOs-35,000 and ORs-25,000
10.	01.05.1999, vide Inst. dt. 23.06.1999	-	-	-
11.	01.04.1999, vide Inst. dt. 30.09.1999	-	Officers-2.50lakh, JCOs-2.00lakh and ORs-1.50lakh	Officers-1.25lakh, JCOs-1.00 lakh and ORs-.75lakh
		Disability 70% and above	Disability 50% to 69%	Disability 20% to 49%
12.	01.04.1999, vide Inst. dt. 15.06.2001	1.00 lakh	0.75 lakh	0.50 lakh
13.	04.01.2006, vide Inst. dt. 04.01.2006	1.00 lakh	0.75 lakh	0.50 lakh
14.	19.02.2014, vide Inst. dt. 25.08.2014 of Home	15.00 lakh	10.00 lakh	5.00 lakh
15.	01.04.1999, vide Inst. dt. 16.01.2015	-	-	-
16.	01.04.1999, vide Inst. dt. 16.01.2015	1.00 lakh	0.75 lakh	0.50 lakh
17.	01.04.1999, vide Inst. dt. 16.01.2015	15.00 lakh	10.00 lakh	5.00 lakh
18.	24.03.2016, vide Inst. dt. 02.08.2016	-	-	-
19.	01.11.2017, vide Inst. dt. 06.03.2017	35.00 lakh	25.00 lakh	15.00 lakh

HARYANA GOVERNMENT**SAINIK & ARDH SAINIK WELFARE DEPARTMENT****Notification**

The 6th May, 2025

No. 53/11/2025-4D-III.— In continuation of instructions/notifications No. 21/1/97-4D-III dated 02.08.2016 and No.06.03.2017 issued by Government of Haryana from time to time regarding Ex-gratia grant to the family members/NoKs of Martyrs of Union Armed Forces and Central Armed Police Forces (C.A.P.F.) personnel belonging to Haryana State, who die in harness or get disabled in the performance of their bonafide official duties while serving in Operational Areas/ in War/ Terrorist or Militant Attack / Border Skirmishes and United Nation Peace Keeping Force etc.

2. Due to revision of amount of Ex-gratia grant and to remove the doubts pertaining to the terms and conditions of entitlement of Ex-gratia grant, decision has been taken to issue consolidated revised instructions in supersession of all the instructions issued till now (Listed in **Annexure-F**).

3. The amount of Ex-gratia grant shall now be admissible to the eligible family members or disabled soldiers on the following terms and conditions:-

(1) Amount of Ex-gratia grant for cases of battle casualty:

The revised amount of Ex-gratia grant on or after 23.02.2024 shall be as under:-

Sr. No.	Events	Amount
(a)	Battle Casualty	Rs. 1.00 Crore
(b)	Disability of 70% and above	Rs. 35.00 lakh
(c)	Disability between 50% to 69%	Rs. 25.00 lakh
(d)	Disability between 20% to 49%	Rs. 15.00 lakh

(2) Definitions: The terms used in this policy have been defined as under:-

- (a) **‘Belonging to Haryana State’** means such members of Union Armed Forces and Central Armed Police Forces who are domicile of Haryana State at the time of joining/entry into the service in Defence Forces/C.A.P.F. irrespective of their present residential address.

Note : In case individual’s address at the time of joining service was a temporary one, due to the place of posting of transferable Central Government employees, the domicile status would be decided on the basis of his father’s permanent home address at the time of his joining service.

- (b) **‘Battle Casualties/Operational Casualties’** means various kinds of actions declared as ‘Battle Casualty’ or ‘Operational Casualty’ by the Union Armed Forces Authorities or Central Armed Police Forces Authorities irrespective of any operation or any specified area of operation in which a member of Union Armed Forces or Central Armed Police Forces (C.A.P.F.) is killed or death in harness or disabled in harness in the performance of bonafide official duties while serving in operational areas/ in war / terrorist or Militant attacks/ border skirmishes and in United Nation Peace Keeping Force, M.T. accident, heart attack, air crash, accident at sea, death during internal security Operations, Election duties, natural calamities and Rescue Operations etc. which demand exceptional courage and decisions towards performance of duties.
- (c) **‘Disabled soldier’** means a soldier who gets disability in battle or operational while serving in Union Armed Forces or Central Armed Police Forces (C.A.P.F.), as the case may be. This includes disabled personnel of battle casualty, who are boarded out due to disability or retained in service.
- (d) **‘Ex-gratia Grant’** means the lump sum amount admissible to the disabled soldier of family members of Martyr of Union Armed Forces and Central Armed Police Forces (C.A.P.F.) and disabled soldier belonging to Haryana State who is killed or get disabled, as the case may be, in all cases of battle casualty or operational casualties.

- (e) **‘Family for the purpose of Ex-gratia grant’:** The ‘Family’ for the purpose of Ex-gratia grant and share admissible to the eligible family members shall be as under:-
- (i) Spouse @ 35% irrespective of the fact that she/he has remarried or not.
 - (ii) Children @ 35% (To be equally apportioned among all the children).
 - (iii) Parents @ 30% (Mother @ 15%, Father @ 15%) irrespective of the fact that they are/were dependent on the deceased or not.
 - (iv) In case of unmarried martyr then Parents @ 100% (50% to Mother and 50% to Father).
 - (v) In case the deceased personnel did not have any children then 50% to Widow (Spouse) and 50% (25% + 25%) to Parents.
 - (vi) If both Mother and Father are not alive then 50% to Widow and 50% to Children.
 - (vii) If either Father or Mother is alive then the share of Ex-gratia amount is to be released to him/her as the case may be.
 - (viii) If widow (Spouse) is not alive then 50% to Parents and 50% to Children.
 - (ix) If widow (Spouse) is not alive and have no child then 100% to Parents.
 - (x) In case of Parents of unmarried martyr are not alive the payment of Ex-gratia grant should be made to the dependent unmarried brother (s) and unmarried sister(s) provided they were residing with the deceased personnel during his lifetime and was/were fully dependent on the martyr.

Note 1. – No other family member/relatives shall be eligible for Ex-gratia grant.

Note 2. – The Ex-gratia grant shall not be shared with any family member including parents in case of disabled personnel.

- (f) **‘Personnel of Central Armed Police Forces’** means members of B.S.F., C.R.P.F. Assam Rifles, I.T.B.P., C.I.S.F., Rapid Action Forces etc. under the jurisdiction of Ministry of Home Affairs, Government of India belonging to State of Haryana.
- (g) **‘Personnel of Union Armed Forces’** means a members of Army, Navy, Air Force or Indian Coast Guard belonging to State of Haryana.

(3) Competent Authority for sanction of Ex-gratia grant and procedure thereof:

- (a) The competent authority to sanction of Ex-gratia grant is the Administrative Secretary, Sainik and Ardh Sainik Welfare Department and powers to approve such cases have been delegated to the Deputy Commissioner-cum-President, District Sainik and Ardh Sainik Welfare Office and payment of which shall be made by the concerned Deputy Commissioner-cum-President, District Sainik and Ardh Sainik Welfare Office through RTGS in Aadhar linked bank accounts of the beneficiaries.
- (b) For sanction of Ex-gratia grant to the eligible family member(s) or disabled person of Union Armed Forces or Central Armed Police Forces, as the case may be, shall submitted an application in the **Form-1** or **Form-2**, available at **Annexure A** and **B** of this policy, to the concerned District Sainik and Ardh Sainik Welfare Officer.
- (c) On receipt of application from disabled soldier himself or from the family members of martyr, it will be verified and scrutinized by the concerned District Sainik and Ardh Sainik Welfare Officer and case will be submitted to the Deputy Commissioner-cum-President, District Sainik and Ardh Sainik Welfare Office. Thereafter the sanction in original will be sent to the Director/Director General, Sainik and Ardh Sainik Welfare Department, Haryana along with certified true copy of all the documents as per Check list (as at **Annexure C**) along with their comments for approval for release of online budget.
- (d) On receipt of matter in the office of the Director/Director General, Sainik and Ardh Sainik Welfare Department, Haryana, it will be examined and submitted to the Administrative Secretary for approval and online budget will be released to the District Sainik and Ardh Sainik Welfare Officer for payment of Ex-gratia grant to disabled soldier or to the family members of martyr, if approved and copy will be sent to the concerned officers/authorities/beneficiaries etc.

- (e) The entire record (documents related to martyrdom) and payment of Ex-gratia grant amount will be kept in safe in the concerned office of District Sainik and Ardh Sainik Welfare Office. They will also upload the soft copy of these documents for safety and record.

(4) Ex-gratia grant to Disabled members:

Ex-gratia grant at the rate as prescribed by Government from time to time shall be admissible to the members of Union Armed Forces and Central Armed Police Forces who get disabled for life in battle casualties, whom may either medically boarded out or retained in service as a welfare measures by Union Armed Forces or Central Armed Police Forces on account of their disability. The disability element should be of permanent percentage fixed by the initial Medical Board. Subsequent Review Medical Board reports will have no effect on the payment of Ex-gratia grant, which may increase or decrease the disability element.

(5) Classification of expenditure:

- (a) The expenditure for Ex-gratia grant to the disabled soldier or family member(s) of Martyr of Union Armed Forces will be met under the Major Head “2235-Social Security and Welfare (Non-plan)-60-Other Social Security and Welfare Programmes-200-Other Programmes (95) - 34-Other Charges (P-01-16-2235-60-200-95-51-R-V-Rewards to Soldiers and Airmen for acts of gallantry in the Kashmir Campaign etc). Demand No. 16.
- (b) The expenditure for Ex-gratia grant to the disabled soldier or family member(s) of Martyr of Central Armed Police Forces will be met under the Major Head “2235-Social Security and Welfare (Non-plan)-60-Other Social Security and Welfare Programmes-200-Other Programmes (77) - 34-Other Charges (P-01-16-2235-60-200-77-51-R-V-Ex-Gratia to persons of Central Para Military Forces for gallantry action with terrorists). Demand No. 16.

(6) Power of relax or remove the difficulties:-

If any doubt (s) arises relating to the application, interpretations and scope of this Policy, it shall be referred to the Government of Haryana in Sainik & Ardh Sainik Welfare Department (Defence-III Branch), Panchkula. The Administrative Secretary to Govt. of Haryana, Sainik & Ardh Sainik Welfare Department will have the power to interpret, change, amend, relaxation and removal of doubt (s), and whose decision shall be final.

VIJAYENDRA KUMAR,
Additional Chief Secretary to Government Haryana,
Sainik and Ardh Sainik Welfare Department.

Annexure-A

Form-1

{(See Para 3(3)(b))}

Application for Ex-gratia Grant to the family members of killed Personnel of Union Armed Forces or Central Armed Police Forces)

1.	No., Rank and Name of Martyr	
2.	Name of father of Martyr	
3.	Date of Birth of Martyr	
4.	Date of enrolment/commission	
5.	Date of Martyrdom	
6.	Type of casualty (Battle/Physical)	
7.	Battle/Physical casualty Certificate No. and date.	
8.	Govt. of Haryana policy/instructions under the purview case is covered	
9.	Eligible for amount of Rs.	
10.	Unit/Formation	
11.	Regiment/Services	
12.	Place of casualty with name of operation (War Time/Peace Time)	
13.	Parivar Pehchan Patra No. With date	
14.	Aadhar No.	
15.	Ration Card No. and date of issue	
16.	PAN No.	
17.	Haryana Resident Certificate No. and date.	
18.	Name Spouse of Martyr	
	(i) Date of birth	
	(j) Aadhar No.	
	(k) PAN No.	
	(l) Haryana Resident Certificate No. and date.	
	(m) Name of Bank	
	(n) Bank IFSC No.	
	(o) Bank MICR Code	
	(p) Bank account No.	
19.	Name of Father (If alive)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
20.	Name of Mother (If alive)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	

	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
21.	Name of Child (1)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bank	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
22.	Name of Child (2)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bankers	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
23	Name of Child (3)	
	(a) Date of birth	
	(b) Aadhar No.	
	(c) PAN No.	
	(d) Haryana Resident Certificate No. and date.	
	(e) Name of Bankers	
	(f) Bank IFSC No.	
	(g) Bank MICR Code	
	(h) Bank account No.	
24	Permanent address of Martyr at the time of joining/commission into the service.	
25	Permanent address of Martyr at the time of Martyrdom.	
26	Present address of beneficiary (ies)	
Note:- Photocopy of all documents should be certified by Welfare Officer with Stamp		

Place :

Signature _____
(Name of applicant)

Date :

FOR OFFICE USE

1.	Whether any grant of ex-gratia has earlier been sanctioned/paid by the SASWD/DSAWO	
2.	Certified that above contents have been checked by me personally and verified as per records.	

Place :

Signature _____
(Name of Welfare Organiser) _____

Date :

**RECOMMENDATIONS OF WELFARE OFFICER
RECOMMENDED/NOT RECOMMENDED**

Place :

Date :

Annexure-B

Form-2
{{(See Para 3(3)(b))}}

Application for Ex-gratia Grant to the disabled Personnel of Union Armed Forces or Central Armed Police Forces)

1.	No., Rank and Name of disabled personnel	
2.	Name of father	
3.	Date of Birth	
4.	Date of enrolment/commission	
5.	Date of discharge/retirement	
6.	Unit/Formation	
7.	Regiment/Services	
8.	Type of casualty (Battle/Physical)	
9.	Place of casualty with name of operation (War Time/Peace Time)	
10.	Battle/Physical casualty Certificate No. and date.	
11.	%age of disability as per initial medical board proceedings	
12.	Govt. of Haryana policy/instructions under the purview of case covered	
13.	Eligible for amount of Rs.	
14.	Parivar Pehchan Patra No.	
15.	Aadhar No.	
16.	PAN No.	
17.	Haryana Resident Certificate No. and date.	
18.	Ration Card No. and date of issue.	
19.	Name of Bank	
20.	Bank IFSC No	
21.	Bank MICR Code	
22.	Bank account No.	
23.	Permanent home address of Disabled personnel at the time of joining/commission into the service.	
24.	Permanent home address of Disabled personnel at the time of disability.	
25.	Present home address of disabled personnel	
Note :- Photocopy of all documents should be certified by Welfare Officer with rubber stamp.		

Place :
Date :

Signature _____
(Name of applicant)

FOR OFFICE USE

1.	Whether any grant of ex-gratia has earlier been sanctioned/paid by the SASWD/DSAWO.	
2.	Certified that above contents have been checked by me personally and verified as per records.	

Place :

Signature _____
(Name of Welfare Organiser) _____

Date :

**RECOMMENDATIONS OF WELFARE OFFICER
RECOMMENDED / NOT RECOMMENDED**

Place :

Date :

Annexure-C

{(See Para 3(3)(c))
CHECK LIST

Sr. No.	Contents	Details
1.	Application performa for sanction of grant of ex-gratia	
	(a) No., Rank and Name of Martyr/ Disabled personnel	
	(b) Father's Name of Martyr/Disabled personnel.	
	(c) Name of Arms/Regiment/Battalion	
	(d) Date of joining/ commission into the service.	
	(e) Name of Beneficiary (ies)	
	If Ex-gratia Grant will be sanctioned to dependents/NOK of Martyr – Copy of details of family/ dependents, issued by service HQ in case of Officers and Records in case of JCOs/OR:-	
	(i) Name Widow/Spouse	
	(ii) Name of Father (In case of not alive, Copy of death certificate)	
	(iii) Name of Mother (In case of death, Copy of death certificate)	
	(iv) Name of Child/Children	
	(f) Date of Martyrdom with copy of proof duly attested by concerned Welfare Officer, DSASWD.	
	(g) Date of Marriage with Martyr (In case of beneficiary is widow/spouse).	
	(h) (i) Home address of Martyr/Disabled personnel at the time of joining/commission into the service with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(ii) Home address of Martyr/Disabled personnel at the time of Martyrdom/Disability with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(iii) Present home address of Martyr/ Disabled personnel with proof issued by service HQ in case of Officers and by Records in case of JCOs/OR.	
	(j) Haryana Domicile/Haryana Residence Certificate No. with date of issue. (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(k) Parivar Pehchan Patra of awardee/ Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(l) Aadhar No. of awardee/Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(m) PAN of of awardee/Beneficiary (ies) (Copy attached duly attested by concerned District Sainik & Ardh Sainik Welfare Officer).	
	(n) Type of casualty (Battle/Physical)	

	(o) Date of casualty	
	(p) Name of operation	
	(q) Theatre – War/Peace	
	(r) Policy/Instructions of the Govt. of Haryana on the subject (Copy attached)	
	(s) Eligible for amount of Rs.	
2.	Affidavit from disabled personnel or dependent/NOK of Martyr. (Details furnished by personnel/Beneficiary (ies))	
	(a) Personal details	Yes/No -
	(b) Home address (at the time of joining/commission into the service, at the time of Martyrdom/Disability and present)	Yes/No -
	(c) Date of applied for grant of ex-gratia with concerned District Sainik & Ardh Sainik Welfare Officer.	Yes/No -
	(d) Undertaking by Deponent neither he/she nor his/her family members had received any grant of ex-gratia from any other State Govt. or Haryana Rajya Sainik Board/ Haryana Sainik & Ardh Sainik Welfare Department on account of the grant of ex-gratia .	Yes/No -
	(e) Haryana Govt. instructions No. under which awardee is eligible.	Yes/No -
	(f) Undertaking by Deponent that I will never be claim/ask for arrears for grant of ex-gratia in case of rates enhanced in future by the Govt. of Haryana.	Yes/No –
	(g) Undertaking by Deponent that If my statement is found false or incorrect I shall be liable for legal consequences arising there from.	Yes/No –

Place :

Date :

Signature _____

(Name of applicant)

3. Recommended amount by Welfare Organiser is Rs.

4. It is to certify that all details given above have been checked by me personally and found correct. I will be liable to Disciplinary/Administrative action, if any found incorrect at later stage.

Place :

Date :

Signature _____

(Name of Welfare Organiser) _____

5. Recommendation of concerned Welfare Officer.

RECOMMENDED / NOT RECOMMENDED

Place :

Date :

Annexure-D**UNDERTAKING BY THE DISABLED PERSONNEL**

I, No. Rank Name s/o
d/o w/o h.o. Sh./Smt. R/o

.....do hereby solemnly affirm and state/declare as under :-

1. That I sustained on
..... while carrying out operational duty in
(Name of operation/ Activities) and notified as Battle Casualty/Physical Casualty, *vide*
No.dated
2. That My address at the time of joining the service was.....
.....
3. That My address at the time of my disability was
.....
4. That My present address is
.....
5. That neither I nor any member of my family had received any grant of ex-gratia from any other State
Govt. or Sainik & Ardh Sainik Welfare Department, Haryana/District Sainik & Ardh Sainik Welfare Office
..... on account of my disability.
6. That I am eligible for sanction for grant of ex-gratia for my % age of my disability for an
amount of Rs. and my case is covered under Govt. Haryana instructions/policy
No.dated
7. That I will not claim enhanced rate of grant of ex-gratia for my disability
..... from State Govt. in case of rate enhanced in later stage.
8. That in case of receipt of any excess amount granted to me on account of sanction for grant of
ex-gratia for my disability I will refund the excess amount as and when noticed at later stage and will deposit
with District Treasury Officer and copy of Challan Receipt will be handed over/forwarded to my present
Welfare Officer, District Sainik & Ardh Sainik Welfare Officer.....
9. That I have applied to District Sainik & Ardh Sainik Welfare Office,
on for sanctioning of grant of ex-gratia for
10. That if my above statement is found false or incorrect, I shall be liable for legal consequences arising
there from.

Place :

(Signature of claimant)

Date :

AUTHENTICATED BY

Annexure-E

**UNDERTAKING BY THE BENEFICIARY
(In case of grant of Ex-Gratia to Martyr)**

I, Smt./Sh. s/o d/o w/o h.o No.
Rank Name (Martyr) R/o
..... do hereby
solemnly affirm and state/declare as under :-

1. That my husband/wife/father/mother/son/daughter was got Martyrdom on vide Battle Casualty Certificate No. dated
2. That address of My husband/wife/father/mother/son/daughter at the time of joining the service was
.....
3. That address of My husband/wife/father/mother/son/daughter at the time of Martyrdom was
.....
4. That My present address is
.....
5. That any of my family members had received any grant of ex-gratia from any other State Govt. or Sainik & Ardh Sainik Welfare Department, Haryana/District Sainik & Ardh Sainik Welfare Office.....
..... on for grant of ex-gratia.
6. That I am eligible for sanction for grant of ex-gratia for an amount of Rs. and my case is covered under Govt. Haryana instructions/policy No. dated
7. That I will not claim enhanced rate of grant of ex-gratia from State Govt. in case of rate enhanced in later stage.
8. That in case of receipt of any excess amount granted to me on account of sanction for grant of ex-gratia, I will refund the excess amount as and when noticed at later stage and will deposit with District Treasury Officer and copy of Challan Receipt will be handed over/forwarded to my present Welfare Officer, District Sainik & Ardh Sainik Welfare Officer.....
9. That I have applied to District Sainik & Ardh Sainik Welfare Office,
on for sanctioning of sanction for grant of ex-gratia.
10. That if my above statement is found false or incorrect, I shall be liable for legal consequences arising there from.

Place :
Date :

(Signature of claimant)

Annexure F

Form-4
(See Para 2)

Sr. No.	Date of Effect	Death in War and Action against Militants/Terrorists etc.		
		Officers	JCOs	ORs
1.	Upto 31.12.1970, vide Inst. dt. 07.07.1977	5,000	3,000	2,000
2.	01.01.1971, vide Inst. dt. 12.10.1971	7,500	4,500	4,000
3.	01.04.1965, vide Inst. dt. 02.12.1968	5,000	3,000	2,000
4.	23.11.1984, vide Inst. dt. 23.11.1984	25,000	15,000	10,000
5.	06.03.1990, vide Inst. dt. 06.03.1990	25,000	15,000	10,000
6.	01.07.1992, vide Inst. dt. 01.07.1992	25,000	15,000	10,000
7.	01.04.1994, vide Inst. dt. 01.04.1994	50,000	30,000	20,000
8.	01.05.1999, vide Inst. dt. 17.06.1999	1.00 lakh	75,000	50,000
9.	01.05.1999, vide Inst. dt. 23.06.1999	5.00 lakh	4.00 lakh	3.00 lakh
10.	01.04.1999, vide Inst. dt. 30.09.1999	5.00 lakh	4.00 lakh	3.00 lakh
		In case of death due to action against Militant, Terrorists, Extremists or during border skirmishes for Officers/ JCOs/ORs	In case of deaths due to I.E.D. blast. for Officers/ JCOs/ORs	Death during rescue operations, Election duties, Natural calamities etc. for Officers/JCOs/ORs
11.	01.04.1999, vide Inst. dt. 15.06.2001	10.00 Lakh	7.00 lakh	-
12.	04.01.2006, vide Inst. dt. 04.01.2006 (Home)	2.50 lakh	2.00 lakh	Nil
13.	19.02.2014, vide Inst. dt. 25.08.2014 (Home)	20.00 Lakh	20.00 lakh	20.00 lakh
		Death in war and action against Militaries/ Terrorist and Border skirmishes etc. For Officers/JCOs/ORs	Death during I.E.D. blast. For Officers/ JCOs/ORs	Death declared as Battle Casualty by the Defence authorities, irrespective of any operation or any specified area of operation. Defence Forces personnel posted in United Nation peace keeping force and accidents like Air Crash, M.T. accident, at sea, heart attack and loss of like during natural calamity. For Officer/JCOs/ORs.
14.	01.04.1999, vide Inst. dt. 16.01.2015	2.50 lakh	2.00 lakh	Nil
15.	19.02.2014, vide Inst. dt. 16.01.2015	20.00 lakh	20.00 lakh	20.00 lakh
16.	24.03.2016, vide Inst. dt. 02.08.2016 (Armed Forces)	50.00 lakh	50.00 lakh	50.00 lakh
17.	01.11.2016, vide Inst. dt. 06.03.2017 (C.P.M.F.)	50.00 lakh	50.00 lakh	50.00 lakh

Sr. No.	Date of effect	Disability (75% and above for all eligible persons)	Disability (50% to 74%) for all eligible persons.	Disability (25% to 49%) for all eligible persons
1.	Upto 31.12.1970, vide Inst. dt. 07.07.1977	-		
2.	01.01.1971, vide Inst. dt. 12.12.1971	-	Officers-5,000/-, JCOs-3,000 and ORs-2,000	Officers – 2,500/-, JCOs - 1,500 and ORs - 1,000
3.	01.04.1965, vide Inst. dt. 02.02.1968	-	Officers-7,500, JCOs-4,500 and ORs-4,000	Officers – 3,750/-, JCOs - 2,250 and ORs - 1,500
4.	23.11.1984, vide Inst. dt. 23.11.1984	-	Officers-5,000/-, JCOs-3,000 and ORs-2,000	Officers – 2,500/-, JCOs - 1,500 and ORs - 1,000
5.	06.03.1990, vide Inst. dt. 06.03.1990	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
6.	01.07.1992, vide Inst. dt. 01.07.1992	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
7.	01.04.1994, vide Inst. dt. 01.04.1994	-	Officers-25,000/-, JCOs-15,000 and ORs-10,000	Officers-12,500/-, JCOs-7,500 and ORs-5,000
8.	01.05.1999, vide Inst. dt. 17.06.1999	-	Officers-50,000/-, JCOs-30,000 and ORs-20,000	Officers-25,000/-, JCOs-15,000 and ORs-10,000
9.	01.05.1999, vide Inst. dt. 17.06.1999	-	Officers-1.00lakh, JCOs-.75 lakh and ORs-.50 lakh	Officers-50,00/-, JCOs-35,000 and ORs-25,000
10.	01.05.1999, vide Inst. dt. 23.06.1999	-	-	-
11.	01.04.1999, vide Inst. dt. 30.09.1999	-	Officers-2.50lakh, JCOs-2.00lakh and ORs-1.50 lakh	Officers-1.25lakh, JCOs-1.00 lakh and ORs-.75lakh
		Disability 70% and above	Disability 50% to 69%	Disability 20% to 49%
12.	01.04.1999, vide Inst. dt. 15.06.2001	1.00 lakh	0.75 lakh	0.50 lakh
13.	04.01.2006, vide Inst. dt. 04.01.2006	1.00 lakh	0.75 lakh	0.50 lakh
14.	19.02.2014, vide Inst. dt. 25.08.2014 of Home	15.00 lakh	10.00 lakh	5.00 lakh
15.	01.04.1999, vide Inst. dt. 16.01.2015	-	-	-
16.	01.04.1999, vide Inst. dt. 16.01.2015	1.00 lakh	0.75 lakh	0.50 lakh
17.	01.04.1999, vide Inst. dt. 16.01.2015	15.00 lakh	10.00 lakh	5.00 lakh
18.	24.03.2016, vide Inst. dt. 02.08.2016	-	-	-
19.	01.11.2017, vide Inst. dt. 06.03.2017	35.00 lakh	25.00 lakh	15.00 lakh