

INDENT FOR PURCHASE OF AFD CATEGORY-I ITEMS FROM CSD BY ENTITLED SERVING PERSONNEL

1. Personal No.
2. Identity Card No.
3. Rank & Designation
4. Name of Indenter
5. Unit/Formation & Address
6. Details of item applied for.....
7. Bank Draft No.
8. Name of Dealer

(Certificate from the Indenter)

1. Certified that the above item is required for me/my family use and I undertake not to sell it within a period of two years from the date of purchase.
2. Certified that I am married / unmarried (strike out whichever is not applicable)
3. It is certified that I have not purchased above items for last three years from CSD.

Signature of Applicant

(Certificate from the Unit /Formation)

1. It is certified that (give name and rank of the Indenter) No.....
Rank.....Name..... is entitled to buy the above item through
2. Canteen Stores Department in terms of para2 Appendix A to letter No.584/73 dated 10th Nov 73 as amended from time to time.
2. He is residing at following Address.....

Signature of CO/OC of Unit/Formation
With Rank and Name Seal of Unit / Formation

Dtd:.....

**INDENT FOR PURCHASE OF AFD CATEGORY-I ITEMS FROM CSD BY ENTITLED
EX-SERVICEMEN**

(PART-I)

1. Indenter Army No
2. Rank(Ex)
3. Name
4. Identity Card No
5. Unit where last employed
6. Whether the Indenter is in receipt of pension from the Defence Service Estimate (in case of civilian) if so :
7. Amount of Pension sanctioned
8. Details of Pension book
9. Period for which retention is sanctioned.....
10. Amount of Retention fee sanctioned.....
11. Authority under which Retention fee sanctioned.....
12. Residential Address
-
13. Details of items applied for
14. Name of Dealer

(PART II)

Certified that

1. I am entitled to avail canteen facilities from CSD Depot in terms of AO 109/72.
2. The items applied for is required for me / my family use.
3. I will not sell the items purchased from the CSD in next three years.
4. I have not purchased the item through CSD in the last three years.

Date:

Signature of Indenter

(PART-III)

The particulars given by No..... Rank.....
Name are correct

Date:

Signature of SSO/Adm Comdt.Stn HQ
District Sainik Welfare Officer / DDSW
With Rank and Seal