

ASHOKA CHAKRA SERIES OF GALLANTRY AWARD

(Proforma for recommendation of Ashoka Chakra Series of Gallantry Awards)

PART-A

1. Full Name in English (in Block letter) : _____
2. Full Name in Hindi : _____
3. Designation, if employed : _____
4. Name of Employer with complete address, if any : _____
5. Date of Birth/Age : _____
6. Name of the Next-of-Kin (In case of posthumous awards) : _____
7. Relation-ship of Next-of-Kin with the awardee : _____
8. Present Address (with telephone/fax/e-mail, if any for contact) : _____
9. Permanent Address : _____
10. Date of incident : _____
11. Nature of act for which the recommendation made : _____
12. Award recommended (i.e. Ashoka Chakra, Kirti Chakra and Shaurya Chakra) : _____
13. Whether Posthumous Award : (Yes/No) _____
14. Details of Gallantry series : Award _____ of award received earlier, : Year _____ if any, with incident
15. Recommending authority : _____
(Complete Address/
Telephone/Fax) : _____

PART-B

CITATION

NB: Citation should be attached separately in the form of a write-up giving complete sequence-wise details of the gallantry act in about 200-250 words properly supported by documents like **FIR** or other report from police authority.

(6)

ASHOKA CHAKRA SERIES OF GALLANTRY AWARD

(Proforma for verification of the character & antecedents of
the recommended person)

CERTIFICATE

It is certified that the character and antecedents of
Shri/Smt* _____ have been
verified and it is confirmed that nothing adverse has been reported against
him/her.

(Signature)

Name & Designation of the Recommending Authority

Tel:

Date:

*(Name, Father's Name and address of the person recommended)

Proforma for detail of Gallantry Awardees
(Charka Series)

Name: _____

Award Recommended		PHOTOGRAPH OF AWARDEE (jpg, pdf less than 1 mb)
Effective Date of Award		
Personnel No.		
Rank & Decorations, if any		
Service/Unit		
Whether Posthumous	Yes/No	
Father's Name		
Mother's Name		

CITATION
