

No.479/Estt.I/A7/POL/JRP/2026
GOVERNMENT OF PUDUCHERRY
POLICE DEPARTMENT

Puducherry, dated 23-04-2026

CIRCULAR


- Sub:** Police Department- Estt.I(B)- Jeevan Raksha Padak Series of Awards, 2026 – Nominations – called for.
- Ref:** Letter No. 17/3/2026-Public dated. 30.03.2026 of Under Secretary. (Public Section), MHA, New Delhi.

Nominations are invited from the recommending authorities for **Jeevan Raksha Padak series of Awards 2026** given for meritorious acts of human nature in saving the life of a person in incidents like drowning, accidents, fire incidents, electrocution, landslides, animal attack and rescue operation in mines etc. The eligibility criteria and the prescribed proforma may be downloaded from the official website of the Police Department (<https://police.py.gov.in>).

2. It is requested that keeping in view of the eligibility criteria as per the reference cited above, recommend cases of Police Officers/Personnel working under them along with Annexure. All the columns in the format should be duly filled. Further, soft copy of the recommendations / applications should also be forwarded.

3. The last date to receive the filled in (typed) **application with soft copy** at the Chief Office is till **05.00 p.m. on 30.06.2026** so as to process through online for sending the selected nominations to Government of India within the stipulated time.

4. **Late applications will not be entertained at any cost since all further process are through online.**


(R. ELUMALAI)
SPECIAL OFFICER (POLICE)

Encl: As stated.

To

All Superintendents of Police, Puducherry/Karaikal/Mahe/Yanam.

Copy to:

1. The Deputy Commandant, IRBn, Puducherry.
2. The Secretary to the DGP Puducherry.
3. Reader to all DIGPs, Puducherry
4. Reader to all SSPs, Puducherry
5. The Web officer, Puducherry (with instruction to upload all Annexures and other details in official website).

PROFORMA FOR RECOMMENDATION OF JEEVAN RAKSHA PADAK
SERIES OF AWARDS

1.	Full Name in English (in Block letters)	:	
2.	Full name in Hindi (Compulsory)	:	
3.	Father/Husband/Guardian's Name		
4.	Date of Birth/Age	:	
5.	Gender	:	Male/Female
6.	Complete postal address (with phone numbers etc.)	:	
7.	Whether recommendation is for Posthumous award?	:	Yes/No
8.	Name of the Next-of-kin along with relationship (in case of Posthumous award)	:	
9.	Date of incident Note: The life saving act prior to 01/10/2024 will not be considered.	:	
10.	Number of lives saved.		
11.	Whether the recommended person is a member of the Uniformed Services (Armed Forces, Police Forces and of recognized Fire Services etc.) ?	:	
12.	If yes, whether the life saving act was performed during the course of duty or otherwise?	:	
13.	Whether the life saving act was an individual effort or a team work?		
14.	Whether any injury was suffered by the rescuer during the life saving act?	:	Yes/No

15	If yes, Details of injury suffered by the rescuer?		
16.	Award recommended* viz. Sarvottam Jeevan Raksha Padak (SJRP) / Uttam Jeevan Raksha Padak (UJRP) / Jeevan Raksha Padak (JRP)		
17.	Whether the candidate has been awarded or being considered or eligible for any other award for the same life saving act? Please give the details, if any.		
18.	Details of Jeevan Raksha Padak Series of Award received earlier, if any	:	Award : Year :

CITATION#

This should be in form of a write-up of about 200 words, giving complete details (sequence wise) of the life saving act clearly bringing out the **courage and promptude displayed by the rescuer and danger to his/her life under the circumstances**. The details of injury, if any, suffered by the rescuer during the act may also be given. (Separate sheet to be attached).

* The category of award recommended should invariably be mentioned.

Note: All columns must be completed in all respects failing which the application is liable to be rejected.

Annexure

CERTIFICATES FOR
RECOMMENDATION OF JEEVAN RAKSHA PADAK SERIES OF AWARDS

1. It is certified that the character and antecedents of * _____ have been verified and it is confirmed that there is nothing adverse against him/her on record.

2. ** It is certified that * _____ is a member of (i.e Army/Police/Fire Services etc.) _____ and life saving act for which this recommendation is being forwarded was performed/not performed during the course of his/her duties.

(Signature)

Name & Designation of the Recommending Authority

Date

*Name of the recommended person(s)

** Applicable only to members of Uniformed Services (i.e Army/Police/Fire Services etc.)