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ASHOKA CHAKRA SERIES OF GALLANTRY AWARD  
(Proforma for recommendation of Ashoka Chakra Series of Gallantry Award)

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. Relationship 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 of award received earlier, if any, with incident : Award \_\_\_\_\_  
: Year \_\_\_\_\_
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*

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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  
Date:

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