

**IN THE ARMED FORCES TRIBUNAL (PB), AT NEW DELHI**

**ORIGINAL APPLICATION NO.**

**of 2024**

**IN THE MATTER OF: -**

**.....Applicants**

**VERSUS**

**Union of India &Ors.**

**.....Respondents**

**AFFIDAVIT**

I, Smt \_\_\_\_\_ W/o Service No. \_\_\_\_\_ Rank. \_\_\_\_\_

Name. \_\_\_\_\_(Retd.), aged about \_\_\_\_\_ years,

R/o. \_\_\_\_\_

\_\_\_\_\_do hereby solemnly affirm and state as under: -

1. That I am the Applicant, in the above case and fully conversant with the facts and circumstances of the case and as such competent to swear the present Affidavit.
2. That I have read and understood the contents of the Original Application and the statement made in this affidavit and those made in the paragraph \_\_\_\_\_ to \_\_\_\_\_, which have been drafted by my counsel and that I have read and understood the same, which are true and correct to my knowledge and belief.

Date:

Place:

**DEPONENT**

**VERIFICATION: -**

Verified at \_\_\_\_\_ on this \_\_\_\_\_day of \_\_\_\_\_ 2024, that the contents of the above affidavit are true and correct to my knowledge. No part of it is false and nothing material has been concealed there from.

**DEPONENT**

**VAKALATNAMA**

**IN THE ARMED FORCES TRIBUNAL (PB), AT NEW DELHI**

**ORIGINAL APPLICATION NO.**

**of 2024**

**.....Applicant**

**VERSUS**

**Union of India & Ors.**

**.....Respondents**

I, Smt \_\_\_\_\_ W/o Service No. \_\_\_\_\_ Rank. \_\_\_\_\_

Name. \_\_\_\_\_ (Retd.), aged about \_\_\_\_\_ years,

R/o. \_\_\_\_\_

\_\_\_\_\_, Applicant in the above application do hereby appoint and retain Brig Anil Srivastava, VSM (Retd) Adv. & Adv. Anupreksha Jain (D/10215/2023) Advocate Legal Practitioner to appear plead and act for me/us in the above application and conduct and prosecute all proceedings that may be taken in respect thereof including Contempt of Court Application and Review applications arising there from and applications for return of documents, enter into compromise and draw any moneys payable to me/us in the said proceedings.

Date: - / /2024 ( )

Place: - Signature of the Party

Executed in my presence

“ACCEPTED”

\* Signature with Date

( )

Signature of the Advocate

Name and designation

Advocate for the Applicant

Address of the Legal Practitioner

For the service

**AUTHORITY LETTER**

I, Smt \_\_\_\_\_ W/o Service No. \_\_\_\_\_ Rank. \_\_\_\_\_

Name. \_\_\_\_\_ (Retd.), Applicant No. \_\_\_\_\_ in

OA No. \_\_\_\_\_ hereby authorize, \_\_\_\_\_

who is Lead Applicant in ibid OA, to furnish and file all the relevant information supplied by me in the aforementioned OA which are true and correct information from the record/ PPO on the affidavit on my behalf.

Place:

Date:

Signature with Name

## **Particulars of Client**

Name:

Father's Name:

Rank:

IC No:

Date of Commission/Dare of Enrolment:

Date of birth:

Date of retirement:

Parent Unit:

Present Unit: N/A

Permanent Address:

Present Address:

Record office Address/

Competent Authority Address: -

Mob No:

Email:

**Brief history of case:**