

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, Service No. _____ Rank. _____ Name. _____

_____ (Retd.), S/o _____,

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, Service No. _____ Rank. _____ Name. _____

(Retd.), S/o _____,
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

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Place: -

Signature of the Party

Executed in my presence

“ACCEPTED”

* Signature with Date

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Signature of the Advocate

Name and designation

Advocate for the Applicant

Address of the Legal Practitioner

For the service

AUTHORITY LETTER

I, 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: