



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6184 Name W^m Gosse Corps OFLB

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? W^m Gosse
- 2. What is your full Address? Sopson St
- 3. Are you a British Subject? Yes
- 4. What is your age? 19 Years Months
- 5. What is your Trade or Calling? Waterman
- 6. Are you Married? No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
- 8. Are you willing to be vaccinated or re-vaccinated? Yes
- 9. Are you willing to be enlisted for General Service? Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? No Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? Yes

I, W^m Gosse do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Gosse SIGNATURE OF RECRUIT.
Cpt J. Daymond Signature of Witness.

24/9/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Gosse do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at on this 24 day of Sept 1918

Signature of Attesting Officer Adjutant

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the If enlisted by special authority, such will be attached to the original attestation.

Date 1918
 Place ST. JOHN'S } Approving Officer.
Robertson

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted St. John's, Nfld.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name William Gasse

Apparent age 19 years 35 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks None

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Gasse

Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					Years	Days	
Service towards limited engagement reckons from _____							
Joined at _____ on _____							
Total Service forfeited as above.....							

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " [" "] " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6184 Name Wm Gasse Corps C.F.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Wm Gasse
- 2. What is your full Address? 2. Sopran Road
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Waterman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Wm Gasse do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

William Gasse SIGNATURE OF RECRUIT.
Wm Gasse Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Gasse do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 24 day of Sept 1918

Signature of Attesting Officer Wm Gasse

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:

If enlisted by special authority, such will be attached to the original attestation.

Date 24 Sept 1918

Place ST. JOHN'S

Robertson } Approving Officer.
for Commanding Officer,
The Royal Newfoundland Regiment.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted. St. John's, Nfld.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

6184

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name William Gasse

Apparent age 19 years months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Gasse
Topsail Hill | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									Signature of Officers certifying correctness of entries
Joined at									
<u>Archd. Johns Jan. 14/1919.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days

" " Pensions " _____ [" "] _____ " _____ "

C.R. 6184

Extract from Daily Orders part 11, Depot
St. John's dated December 18th., 1918.

6184 Pte. Wm. Gosse.

The above mentioned discharge on demobilization
have been approved by O. C. Depot from noted date

He is removed from Depot Strength and transferred to
discharge depot pending confirmation by Officer i/c
records.

17-12-18.

Extract from Daily Orders part 11 depot St. John's dated Sept. 20th 1918

#6184 Pte. W. Gosse

ATTENDED FOR GENERAL SERVICE WITH THE ROYAL MOUNTED REGIMENT FROM

24-9-18

C.R. 6184

Extract of Daily Orders Part II, Depot, St. John'd, dated Jan.
14th 1919.

Discharge confirmed on demobilization.

The discharge of the undernoted has been confirmed by the
Officer i/e Records on noted date.

6184 Pte. William Gosse.

Discharged 13-1-19

C.R. 6184

Extract from Daily Orders part 11, Depot. St. John's
dated ~~Dec.~~ Nov. 30th., 1918.

#6184 Pte. W. Gosse

DISCHARGED FROM 21 FIELD STREET 28-11-18.

C.R. 6184

Extract from Daily Orders part 11, Depot. St. John's
Dated November 6th., 1918.

#6184 Pte. W. Gosse.

Discharged from Barracks Hospital 4/11/18.

BO.

Losse, D^{ca}

6184

Hay sept

January 13th., 1919

#6184 Pte. William Gosse,
Topsail Road,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.458."

Yours faithfully,

Captain,
Paymaster & O.i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6184 Rank Plt Name Wm Gosse
 Intended place of residence..... Johns Rd

2. Occupation Fisherman
 Classification of soldier C Medical Category A. II.

3. The above named man is discharged in consequence of.. DEMÖBILIZATION.

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place
 Date DEC 16 1918
 Wm Gosse Capt.
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date St Johns
 Dec. 16-12-18
 William Gosse
 Signature of soldier
 Asst Dick's Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date St Johns
 16-12-18
 William Gosse
 Signature of soldier
 E. Peters Sr.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-9-18 No of days on Military
 Discharged from service..... 17-12-18 plus 28 days Service 112.....

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S.
 R.H. East Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date DEC 18 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns Med
 January 14/1919
 Date 2079/458
 M. Bowley, Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

7
21
30
21
12
113

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6134 Rank Plt Name Gosse - Wm
 Date of Enlistment Fisherman 24 9 18 Address Fisherman St. S. J. S. S. S. District S. J. S. S. S.
 Occupation Fisherman Classification for Discharge P Medical Category A 1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 14-12-18

Stobley Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

William Gosse

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$ 60.00

(b) ~~Clothing Supplied~~

Date 16-12-18

Joseph H. Crawford
O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 280 to his home at Illinois and Release Certificate No. 360 issued.

Date 16-12-18 Q. B. Drake H. Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1st-1-19

Date 16-12-18 W. S. C. Capt.
Depot Paymaster.

Discharge approved for 17-12-18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	Form B
F 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date 17-12-18 Q. B. Drake H. Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 18 1918

R. H. Lant Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Dec. 18/1918

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname Jesse Christian Name William

Table I.—GENERAL TABLE

Birthplace :—Parish Lopside County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	24	Sept	1918	191
	at <u>H. Johns</u>		at	
Declared Age	19	years		days
Trade or Occupation	<u>Hoistman</u>			
Height	5	feet 7		inches
Weight	127	lbs.		lls.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		5	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	<u>49 6/12</u>	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Stinson</u>			
(Rank)			Medical Officer	Medical Officer
Enlisted	at	<u>H. Johns</u>	at	
	on	day of	on	day of
		191		191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld Regt 6184</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

To be used only for Special Reserve Records and for Special Reservists entering into the Regular Army.

Table II.—Only for admission to hospital or to the sick

MEDICAL HISTORY

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on Syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
<i>13 11/16</i>	<i>7</i>	<i>11</i>	<i>16</i>	<i>28</i>	<i>11</i>	<i>16</i>	<i>Table I 17/3/16</i>	<i>22</i>	

Table III—Board: Course of Injury, Vaccination, Incubation, etc.; Examinations for Syphilis or list in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

J. Peterson

It is hereby certified that this soldier has been before a Traveling Medical Board and has been classified as fit for duty.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Gosse, William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6184.*
 Intended address *Lopsail, St. John District.*

Height on discharge Feet
 Color of hair on discharge *Light brown.*
 Complexion *Fair.*
 Color of eyes *Grey.*
 Descriptive Marks *Vaccination left arm, 3 marks.*
 Figure on discharge *Normal.*
 Christian name of Father *Moses.*
 Christian name of Mother *Elizabeth.*
 Wife's maiden name in full }
 Date and place of marriage } *not married.*
 Christian names of children }

Place and date of soldier's birth. *Lopsail, C.B., Aug. 26 / 1899.*
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

William Gosse

Station

Prince's Park.

Date

12/2/18.

(Rank)

Pte.

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

J. R. Steele
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station

Date

Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To work at Fishing

William Gosse

Signature of Man.

C. B. Dick

Signature of the Vocational Officer or his Representative.

Reg. No. *6184*

Place *St. John's*

Date *16/12/18* 191

St John's

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
C

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *28-11-18*

Regimental No. *6184*

Name *Gosse William*

Address *Topical Rd. near "Donavans"*

..... *St. John's*

Present Medical Category *A II*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board { *R. H. Daint*
O.C. Discharge Depot.

..... *J. Paterson*
Senior Medical Officer

..... *J. W. Borden*
M. O. Depot

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adopta on Sept 24 19181. Name William Gosw. Age (a) Declared 19
(b) Apparent2. Do you know of anything wrong with you? NoWhat severe illnesses have you had? Nonetyp. Blue
Comp HairMark, ———
3. Height 5ft 7Weight 1274. Eyesight (a) Left 4/12(b) Right 6/95. Physical Defects (Examine after strenuous exercise) ✓61846. Examination of Lungs ✓

Measurement

(a) Expiration

32

(b) Inspiration

337. Examination of Heart ✓8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? No.11. Name and address of next of kin Father Gosw.Joseph Gosw. No. Main St.

REMARKS—

A 11Archibald
W. Beesden

Medical Examiners.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6184 Rank Plt Name Gosse - Wm
 Date of Enlistment 24.9.18 Address St John's District St John's
 Occupation Tasherman Classification for Discharge P Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 14.12.18

W. M. C. Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

William Gosse

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
 (b) ~~Clothing Supplied~~

Joseph H. Crawford

Date 16-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 280 to his home at Trone and Release Certificate No. 360 issued.

Date 16-12-18

Orvick Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1st-1-19

Date 16-12-18

Wesley Capt.
Depot Paymaster.

Discharge approved for 17.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1	Form B ✓
F 178	W 3494	B 122	✓ 1	Board 1st.	" 2	✓ 1	
B 178a	D 400A	B 1915	✓ 2	do 2nd.	" 3	✓ 2	
B 179	D 400B	Form L	✓ 1	do 3rd.	" 4	✓ 1	
B 179a	D 400C	Form K	✓ 1	do 4th.	" 5	✓ 1	
B 179b	B 103	ME 2	✓ 1		" 6	✓ 1	
B 179c	B 120	M 93	✓ 1			✓ 1	

Date 17.12.18

Orvick Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 18 1918

R.H. Lat Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date Dec. 18/1918

W. Bowley Capt.
d.w.k.

Reg. No. 6184 Rank. Pte Name Gosse Wm
Attested 24-9-18 Address Dopsail Rd
60 Allotment..... Allottee Father (Wm Gorse)
Date of Allotment 1-11-1918 Returned from Overseas.....
Embarked for Overseas Cause.....

Val 25-9-18, 1st 3-10-18, 2nd 15/18
30-10-18. Admitted to barracks depot,
4-11-18. Discharged from "
9-11-18. Admitted to 71 Field St
30-11-18 Discharged from Field St.

14-12-18 PASSED TO DEMOBILIZATION OFFICER
14-12-18 DISCHARGE APPROVED ON DEMOBILISATION.