

## Pro-forma for Medical Identification Card

### A. Pensioner's/Family Pensioner's Details :

1. Name of the Pensioner/Family Pensioner : .....
2. Date of Birth (DD-MM-YYYY) : .....
3. Date of Retirement : .....
4. Date of Death (in case of Family Pensioner) : .....
5. Post held at the time of Retirement : .....
6. Blood Group : .....
7. Address of the Pensioner/Family Pensioner :

Permanent Address	Correspondence Address

8. PPO No. : .....
9. Aadhaar No. : .....
10. Mobile No. : .....

### B. Dependent family member's Details :

1. Name of the wholly Dependent(s) :

Full Name	Relationship	D.O.B**	Aadhaar No.

**\*\* The copy of self attested documents in support of D.O.B. along with recent passport size colour photograph for self & dependent family members (two copies each) to be attached. Please mention the name on the back-side of respective photographs for identification.**

### DECLARATION / UNDERTAKING

- a) I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.
- b) I, hereby, undertake to present the original documents immediately upon demand by the concerned authorities of the Institute.
- c) I, hereby, promise to abide by the admissible rules and regulations, etc. as in force from time to time. I acknowledge that, the Institute has the authority for taking punitive actions against me for violation and/or non-compliance of the same.
- d) I certify that the above mentioned family members are wholly dependent on me. In the event of any change in the status of any of the above mentioned persons, which affects the eligibility, I shall inform the Institute immediately.
- e) The particulars of dependent members of my family as given above are correct. If any of the information is found to be untrue I shall be liable for any action by the Competent Authority as deemed to be fit.

Date :

\_\_\_\_\_  
Signature of the Pensioner/Family Pensioner