FORM

Space for Photograph

FOR PENSIONERS IDENTITY CARD UNDER NEW PENSION SCHEME

Space for Photograph

(Signature of the applicant in the above box)

PART-I (TO BE FILLED IN BY THE APPLICANT)

| 1. | Name of the applicant | |
|-----|---------------------------|---|
| | (IN CAPITAL LETTERS) | |
| Dr. | | |
| 2. | Father's/Husband's name | |
| 3. | Date of Birth | , |
| | | |
| 4. | Date of Retirement | |
| 5. | Ministry/Department | |
| 6. | Residential Address | |
| | | |
| | | |
| 7. | Residential Telephone No. | |
| | Disad Croup | |
| 8. | Blood Group | |
| 9. | Mark of Identification | |
| 10. | Pay Level | |
| 11. | Last Basic Pay | |
| | | |
| 12. | Post from which Retired | |
| 13. | Qualifying Service | |
| 14. | PRAN No. | |
| 15. | Aadhaar No. | |
| 16. | Any other Information | |
| 16. | Any other information | |
| | | |

| The Old Identity Card No | has been ret | has been returned/lost and the matter has been reported to the | | |
|--------------------------|--------------|--|----|--|
| police vide Receipt No. | dated | enclosed herewith. (Delete whichever is | | |
| inapplicable). | | | j. | |

(Signature of the applicant)

Dated: