

INFORMATION TO BE PROVIDED FOR ISSUING NEW MEDICAL I-CARD (FOR PENSIONERS)*

Name of Pensioner/Family Pensioner: _____

Date of Retirement of Pensioner: _____

PPO No. _____

Date of Birth: _____

Blood Group: _____

Pay in the Pay Band at the time of retirement (without Grade Pay): _____

Address: _____

Contact No.: _____

Put your Signature in Black Ink in the box provided above

Affix one Stamp
size digital
photograph with
good resolution

Dependants

Name: _____
Relationship _____
Date of Birth: _____
Blood Group: _____

Name: _____
Relationship _____
Date of Birth: _____
Blood Group: _____

Name: _____
Relationship _____
Date of Birth: _____
Blood Group: _____

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Relationship _____
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Blood Group: _____

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* Information will be verified and supporting documents to be produced if asked for.