

APPLICATION FOR PENSIONER'S ID & FAMILY HEALTH CARD

1.NAME OF THE PENSIONER (as per official records)

2.Sex

M	F

2.Post held

3.Dept

4.Station

5.Pay Band

5(i) Pay

5 (ii) GP

D D M M Y Y Y Y

D D M M Y Y Y Y

6.Date of Birth

7.DOA

D D M M Y Y Y Y

8 Date of Superannuation

9. BLOOD GROUP (Please tick in the box as applicable)

A+ve	A-ve	B+ve	B-ve	O+ve	O-ve	AB+ve	AB-ve

Residence

Mobile

10.Contact Nos. with STD code

11. Residential Address

--

City

PIN

--	--	--	--	--	--	--	--

Years Months Days

12.Qualifying Service

--	--	--	--	--	--	--	--

13.PPO No

Dated

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14.Basic Pension Sanctioned

--

Eligibility for Family Members:

- (i) Wife / Husband of Railway employee whether he / she is earning or not
- (ii) Sons below 21 years old
- (iii) Unmarried Daughter irrespective of whether they are earning or not and age
- (iv) Sons over 21 years with bonafide student certificate (Bonafide certificate should be enclosed)
- (v) Unmarried sons over 21 years of age without an upper age limit, even if not a student or invalid, provided he is wholly dependent on, and resides with the Railway employee (declaration duly attested by Secretary / Staff officer of concerned department should be enclosed)
- (vi) Widowed daughters, irrespective of their age, provided they are wholly dependent on the Railway employee.
- (vii) Step-sons, unmarried step-daughters and one adopted child subject to the age limit prescribed in (ii) & (iii) above provided they are wholly dependent on the Railway employee.

Eligibility for Dependents:

- (i) Mother / Step-mother, if a widow
- (ii) Unmarried or widowed sister or step if father is not alive.
- (iii) Brothers / Step brothers under 21 years of age, if father is not alive.

Note: The age limit prescribed in the case of brothers / step-brothers will not apply to bonafide students of recognized educational institutions and to invalids on appropriate certification by Railway Medical Officer.

17. DETAILS OF FAMILY MEMBERS & DEPENDENTS : (Affix color photographs in the boxes)

	(1)	(2)	(3)
Signature of the employee with dark black ball-point pen in the above box			
Name			
Relation	SELF		
DOB			
Blood Group			
(4)	(5)	(6)	(7)
Name			
Relation			
DOB			
Blood Group			
(8)	(9)	(10)	(11)
Name			
Relation			
DOB			
Blood Group			

The particulars given in this application form are true and correct. In case any details found false in future. I will be liable for any action to be initiated by the administration.

Signature of Pensioner

Place:

Date: