APPLICATION FOR PHOTO PASS TO PENSIONERS

Sr.No				Date								
1. Name of the Applicant (IN CAPITAL LETTER)												
2. Residential Address												
3. Telephone Number® Telephone Number(Mobile)												
4. Blood Group		1		<u></u>	L J.		[.]	l	<u>!</u>	. l	
5. Date of Birth	-				Ţ					[
6. Date of Superannuation					 				+			
7. Post held on retirement	<u> </u>	J		<u></u>	J. <u>.</u>				L	_i_		
8. Pay Scale/ Pay Band & Grade Pay at the time of retirement				- 37				_ :	-			
9. PPO No. & Date			·						<u>.</u>	· <u> </u>		
10. last Basic Pay							-					
11. Average Emoluments												
12. Qualifying Service				<u>-</u>	 .	· -						
13. Pension Originally sanctioned							·· · · · · · · · · · · · · · · · · · ·				_	

Certify that the aforesaid information is correct and if any discrepancy found later, I myself will be held responsible

Specimen Signature (for pasting on the I.Card)

Signature of the Applicant

(FOR OFFICE USE)

Estt.I/II/III/IV, Per.I/II/III Section may please certify/ complete the columns in the proforma as above

SECTION OFFICER (CDN SECTION)