

FORMAT FOR ISSUE OF IDENTITY CARD TO THE BIS PENSIONER

Affix one
Attested
Photograph

1. Name (in block letters) :
2. Residential Address :
(as reported to the Finance
Department for drawing Pensions).
3. Telephone No. :
4. Blood Group :
5. Date of Birth :
6. Date of Superannuation :
7. Post held on retirement :
8. Pay scale :
9. Last Pay drawn/Original Pension
10. P.P.O. No. & date :
11. State whether two stamp-size :
(2.3 cms x 2.2 cms) photographs
(including affixed one) and
one postage size (3 cms x 4 cms)
photograph (self & dependent)
are supplied with this application
12. Name of dependents, relation :
& date of birth
 - 1.
 - 2.
 3. .

P.T.O.

Note: The Pensioner may please put his/her 3 specimen signatures below:-

13. *The old I/Card (i.e. pensioner's old card) No. _____ has lost. The information for loss of I/Card has also been reported to the Police and the original copy of FIR is enclosed herewith.

14. *The old I/Card No. _____ has mutilated and is enclosed with the application.

15. *The original Receipt No. _____ dated _____ for Rs. 20/- is also enclosed herewith.

(*Strike out whichever is
Not applicable)

Signature of the pensioner _____
Date _____

Certified that the information given by the Pensioner in this application except at Sl.No. 3, 4, 11, 12, 13 & 14 are correct.

Sc.B/AD/SO (HRD/ESTT)

H(HRD) / DEST
DRA

Affix postage size
photograph (family
member(s)/dependan
t(s) combined)

CERTIFICATE

This is to certify that the following family members(s)/dependant(s) of LateShri_____ (Designation)_____ is/are entitled to the benefits as admissible to the Central government employees under the Central Civil Services (Medical Attendance) Rules, 1944.

- | 1. | Name of Dependants | Relation | D.O.B |
|----|--|----------|----------------|
| | i) | | |
| | ii) | | |
| 2. | Post of pensioner held at retirement | : | _____ |
| 3. | Pay Scale/Last Pay Drawn/pension | : | _____ |
| 4. | Residential Address | : | _____
_____ |
| 5. | Tel./Mob.No. | : | _____ |
| 6. | Blood Group of
Family member/dependant
(By Name) | | |

Signature of Issuing Authority
With seal

Application form for issue of 'Certificate' for availing bebefits as admissible to the Central Government Employees under the Central Civil Services (Medical Attendance) Rules, 1944.

1. Name of the BIS Pensioner : Late Shri/Smt.
2. Employee No. of Pensioner :
3. P.P.O No. & Date :
4. Name of the Dependand(s) Relation D.O.B
 - i)
 - ii)
5. Post of pensioner held at retirement : _____
6. Pay Scale/Last Pay Drawn/pension _____
7. Residential Address _____

8. Tel./Mob.No. _____
9. Blood Group of Family members(s)/dependand(s) (By Name)

Signature of family member/dependand