

Application form for Identity Card –Retired Persons (DCPW)

FORMAT

1. NAME : _____
2. POST HELD ON RETIREMENT : _____
3. RESIDENTIAL ADDRESS : _____

4. TELEPHONE NO. IF ANY : _____
5. BLOOD GROUP : _____
6. DATE OF BIRTH : _____
7. DATE OF SUPERANNUATION : _____
8. PAY SCALE ON RETIREMENT : _____
9. LAST PAY DRAWN : _____
10. AVERAGE EMOLUMENTS : _____
11. QUALIFYING SERVICE : _____
12. PENSION ORIGINALLY SANCTIONED : _____
13. P.P.O NO. AND DATE : _____
14. SPECIMEN SIGNATURE (1) _____
(2) _____
(3) _____

SIGNATURE OF APPLICANT

DATE :
PLACE:

NOTE: Two stamp size photographs may please be submitted alongwith the application form. Applicant has to make the payment an amount of Rs. 15/- if applicant collect the I/Card from HQRS., New Delhi or Rs. 35/- if the I/Card is to be dispatched at his address . Money should be deposited to the Cashier or by Demand Draft payable at the State Bank of India at New Delhi in favour of Accounts Officer of DCPW.