



Details of Pensioner / Family Pensioner

Health Card No :		Last pay drawn / Grade Pay / Level	
Name of the Pensioner/ Family Pensioner :			Photo
Full Postal Address:			
Tel. No:		Mob. No:	
E-Mail ID:		P.P.O. No.	
Sex:	Blood Group:	Date of Birth:	
Date of Retirement of Pensioner		Date of Death of Pensioner	
Retired from:	Lab Name:	Date:	

Details of family / Dependents availing medical facilities

Dependent 1		Dependent 2	
Name:	Photo	Name:	Photo
Blood Group:		Blood Group:	
Date of Birth:		Date of Birth:	
Relationship:		Relationship:	
Dependent 3		Dependent 4	
Name:	Photo	Name:	Photo
Blood Group:		Blood Group:	
Date of Birth:		Date of Birth:	
Relationship:		Relationship:	

Membership Details

Life member:

Annual Member:

Declaration:

1. I hereby declare that the above particulars are true and correct to the best of my Knowledge & belief. In case, it is found in future that the particulars are false or incorrect. I will be held responsible for the same.

2. I hereby undertake to update the above particulars, in case of any change in the status of members of the family or any additions or alterations.

Signature of Pensioner/Family Pensioner

Signature of SO E-VI