

# 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 / LEVEL :
10. AVERAGE EMOLUMENTS :
11. QUALIFYING SERVICE :
12. PENSION ORIGINALLY SANCTIONED :
13. P.P.O NO. AND DATE :
14. SPECIMEN SIGNATURE

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

DATE :  
PLACE :

SIGNATURE OF APPLICANT

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