



APPLICATION FOR ISSUE OF MEDICAL CARD FOR FAMILY PENSIONERS & THEIR DEPENDENTS

To

The Director
ICMR-National Institute of Nutrition
Tarnaka
Hyderabad- 500 007.

(A)	(B)	(C)

1. PPO No. : _____ 2. Title (Mr./Ms./Mrs./Dr.) : _____
3. Name of the Family Pensioner (A) : _____
W/H/o : Late _____
4. Date of Birth : _____
5. Name of the Dependant (B) : _____
Relationship to the Dependent : _____
Date of Birth : _____
6. Name of the Dependant (C) : _____
Relationship to the Dependent : _____
Date of Birth : _____
7. Residential Address : _____

District : _____ PIN : _____
8. Mobile No. : _____
9. E-mail Id : _____

Yours Faithfully,

Station : _____

Date : _____

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Note: Two passport size photographs of pensioner and their dependents
(i. one to be affixed on the application
(ii. another one to enclose along with the application (not to be stapled).

FOR OFFICE USE ONLY

The above details have been verified and found correct and hence it is requested to issue Medical Card as per the details furnished below:

1. Name of the Family Pensioner : _____

W/H/o : Late

2. Date of Birth : _____

3. PPO No.& Date of issue : _____

4. Last Pay drawn by the Pensioner : _____

5. Name of the Dependant (B) : _____

Relationship to the Dependent: _____

Date of Birth : _____

6. Name of the Dependant (C) : _____

Relationship to the Dependent : _____

Date of Birth : _____

[Please enclose a copy of Form-III (Details of family) submitted by the pensioner at the time of retirement]

Section Officer
(Establishment- VI)

(Administrative Officer/ D.D.O)

(Sr. Administrative Officer)

To

Section Officer
Establishment-II
ICMR-NIN, Hyderabad.