



APPLICATION FOR ISSUE OF MEDICAL CARD FOR PENSIONERS & THEIR DEPENDENTS

To

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

(A)	(B)	(C)	(D)

1. PPO No. : _____ 2. Title (Mr./Ms./Mrs./Dr.) : _____

3. Name of the Pensioner **(A)** : _____

4. Post held on Retirement : _____

5. Date of Birth : _____ 6. Date of Retirement : _____

7. Spouse Name **(B)** : _____

8. Date of Birth : _____

9. Name of the Dependant **(C)** : _____

Relationship to the Dependent : _____

Date of Birth : _____

10. Name of the Dependant **(D)** : _____

Relationship to the Dependent : _____

Date of Birth : _____

11. Residential Address : _____

District : _____ PIN : _____

12. Mobile No. : _____

13. E-mail Id : _____

Yours Faithfully,

Station : _____
Date : _____ ()

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 Pensioner : _____
2. Post held on Retirement : _____
3. Date of Birth : _____ 4. Date of Retirement : _____
5. PPO No.& Date of issue : _____
6. Scale of pay on Retirement : _____
7. Last Pay : _____
8. Basic Pension : _____
9. Spouse Name : _____
10. Date of Birth : _____
11. Name of the Dependant (**C**) : _____
- Relationship to the Dependent : _____
- Date of Birth : _____
12. Name of the Dependant (**D**) : _____
- 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.