DEPARTMENT OF SAINIK WELFARE, PUDUCHERRY

APPLICATON CUM RECORD CARD FOR EX-SERVICEMEN DEPENDENT CARD

Passport size photo of dependent duly attested by HoD with blue background without spectacles and Head Gear

PART-I

PARTICULARS OF EX-SERVICEMEN
(TO BE FILLED IN CAPITAL LETTER ONLY)

1.	*RANK*		*7.*	*PPO No.*	
2.	*NAME*		*8.*	*ESM I D CARD No*	*PDY/01 -*
3.	*SERVICE No.*		*9.*	*CONTACT No.*	
4.	*DATE OF BIRTH*		*10.*	*PERMANENT ADDRESS*	
5.	*DATE OF JOINING SERVICE*				
6.	*DATE OF RETIREMENT*				

PART-II
PARTICULARS OF DEPENDENT
(TO BE FILLED IN CAPITAL LETTER ONLY)

1.	*NAME*			
2.	*SEX*			
3.	*DATE OF BIRTH*			
4.	*RELATIONSHIP*			
5.	*MARTIAL STATUS*	*MARRIED / UNMARRIED / DIVORCEE / WIDOW*	*SIGNATURE OF DEPENDENT*	*LEFT THUMB IMPRESSION OF DEPENDENT*
6.	*AADHAR No.*			
7.	*IDENTIFICATION MARKS*			

PART-III

I hereby declare that the particulars given above are true to best of my knowledge.

Date :
Place : ***Signature of ESM***

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PART-IV

Date :
Place : ***Signature of Director***

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PART-V

Dependent Identity card No. PDY-01 ……. Valid up to ……issued on……..

Date :
Place : ***Signature Issuing Authority***