PENSIONER'S IDENTITY CARD

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्
अनुसंधान भवन, 2, रफ़ी मार्ग, नई दिल्ली-110001

SPACE FOR PHOTOGRAPH

NO. _____

NAME: _____

RES. ADDRESS: _____

_____

TELEPHONE NO./MOB. NO. _____

BLOOD GROUP: _____

DATE OF BIRTH: _____

DATE OF SUPERANNUATION: _____

POST HELD ON RETIREMENT/PAY SCALE: _____

LAST PAY/AVERAGE EMOLUMENTS: _____

QUALIFYING SERVICE: _____

PENSION ORIGINALLY SANCTIONED: _____

P.P.O. NO. AND DATE: _____

AADHAR NO. _____

(SIGNATURE OF CARD HOLDER)