

PENSIONER'S IDENTITY CARD
GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DIRECTORATE GENERAL OF HEALTH SERVICES

Space for
Photograph

No.
Name:
Res. Address :

Telephone No. :
Blood Group :
Signature of Card holder :

Signature of Issuing
Authority with seal

(REVERSE)

Date of Birth :
Date of Superannuation/ Retirement :
Pay- Scale on retirement /Revised :
Post held on Retirement :
Last Pay :
P.P.O. No. and Date :
Any other information :