

ANNEXURE

**FORM FOR FURNISHING PENSIONER / FAMILY PENSIONER DETAILS UNDER THE
SCHEME "CONTRIBUTORY MEDICAL BENEFIT SCHEME 2018-2021"**

Photo
1) Joint Photograph in case of Pensioner
2) Photo in case of Family Pensioner

1.	a) PPO No.	<input type="text"/>
	b) Name of Pension Disbursing Office	<input type="text"/>
	c) Scheme Type	Contributory Medical Benefit Scheme
2.	Name of the Pensioner / Family Pensioner (in BLOCK LETTER)	<input type="text"/>
	i) AADHAAR No.	<input type="text"/>
3.	Name of the Spouse in case of Pensioner (with Joint Photograph)	<input type="text"/>
	i) AADHAAR No.	<input type="text"/>
4.	PPO No. OAC/UST (in case of Pensioners who are getting payment outside the State) Treasury / Sub Treasury / Pension Pay Office / Public Sector Banks with Branch Name through which Pension / Family Pension is drawn	<input type="text"/>
5.	Bank & Branch with Account No. from where the Pension / Family Pension is drawn	<input type="text"/>
6.	(a) Permanent Address (in BLOCK LETTERS) (Duly furnish District & PIN code)	<input type="text"/>
		PIN <input type="text"/>
	(b) Present Address	<input type="text"/>
		PIN <input type="text"/>

7.	Contact Details											
	(a) Phone No. with STD Code											
	(b) Mobile No.											
	(c) Email ID (if available)											
8.	PAN No. (if available)											
9.	Post held by the Pensioner at the time of Retirement											
10.	Office / Department from which the Pensioner retired											
11.	Pension Drawn Particulars (whichever is applicable)	Original Pension	₹.									
		Provisional Pension	₹.									
		Family Pension	₹.									
12.	Date of Birth (DD-MM-YYYY)			-			-					
	(a) Pensioner / Family Pensioner											
	(b) Spouse (in case of Pensioner only)											
13.	Date of Retirement of Pensioner			-			-					
14.	Details of Contact Person in case of Emergency (Other than Spouse)											
	(a) Name											
	(b) Relationship											
	(c) Phone / Mobile No											
	(d) Email ID (for communication purpose)											

1. Certified that the above particulars furnished by me are correct.
2. I hereby give my consent to recover the premium from my Pension/Family Pension.

Signature / Thumb Impression of the Pensioner / Family Pensioner

Certified that the above particulars are verified with the pension records available with this office and found correct.

Signature of the Pension Disbursing Officer

Name :
Designation :
Date :
Seal :