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**Form- dependent i-card**

**Personal A/C No. : .…………………………………………………………….**

**Name in full : ………………………………………………………………**

**Designation : ………………………………………………………………**

**Office where serving : ………………………………………………………………**

**Date of Superannuation : ………………………………………………………………**

**Type of employment. : ………………………………………………………………**

**Residential Address : ……………………………………………………………….**

**………………………………………………………………..**

**………………………………………………………………..**

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**Signature :**

**DETAILS OF DEPENDENT MEMBER**

**Name of dependent/relationship : ……………………………………………………………….**

**Height : ………………………………………………………………**

**Date of Birth : ……………………………………………………………..**

**Countersigned**

**Sr. Accounts Officer/Accounts Officer**

**CERTIFICATE**

**I, …………………………………………………………………................................................................... do hereby certify that no \*\*Permanent Identity Card was issued to me by CDA Guwahati or any other establishment/ Permanent Identity Card bearing No. ……………………………………….. was issued by …………………………………………………………………………. and surrendered herewith.**

**\*\* Strike out whichever is not applicable.**

**Signature : ………………………………………………………**

**Name : ……………………………………………………….**

**Designation : ………………………………………**

**………………**

**A/C No. : ……………………………………………………….**

**Office : ..……………………………………………………..**

**Date : ………………………………………………………..**

**NOTE : Affix 2 (two). Passport size photographs.**

**Countersigned**

**Sr. Accounts Officer/Accounts Officer**