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INDIAN COUNCIL OF
MEDICAL RESEARCH

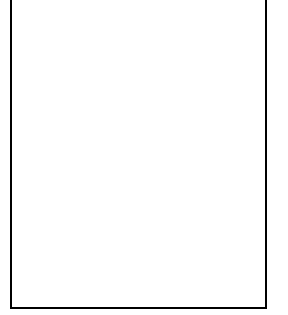
NIN
NATIONAL INSTITUTE
OF NUTRITION

आईसीएमआर - राष्ट्रीयपोषणसंस्थान
स्वास्थ्यअनुसंधानविभाग, स्वास्थ्यऔरपरिवार
कल्याणमंत्रालय, भारतसरकार
ICMR-National Institute of Nutrition
Department of Health Research
Ministry of Health and Family Welfare
Government of India

APPLICATION FOR ISSUE OF MEDICAL CARD FOR FAMILY PENSIONERS

To

The Director,
ICMR- National Institute of Nutrition,
Tarnaka,
Hyderabad- 500 007.



1. PPO No. : _____ 2. Title (Mr./Ms./Mrs./Dr.) : _____

3. Name of the Family Pensioner : _____

W/H/o : Late _____

4. Date of Birth : _____

5. Residential Address : _____

District : _____ PIN : _____

6. Mobile No. : _____

7. E-mail Id : _____

Yours Faithfully,

Station : _____

Date : _____

(_____)

Note : Two passport size photographs of pensioner and their dependent (i. one is on the application ii .another one to enclose with the application (not to be stapled).

FOR OFFICE USE ONLY

The above details have been verified and found correct and hence it is requested to issue Medical Card as per the details furnished below:

1. Name of the Family Pensioner : _____
W/H/o : Late _____
2. Date of Birth : _____
3. PPO No.& Date of issue : _____
4. Last Pay drawn by the Pensioner : _____

[Please enclose a copy of Form-III (Details of family) submitted by the pensioner at the time of retirement]

Section Officer
(Establishment- VI)

(Administrative Officer/ D.D.O)

(Sr. Administrative Officer)

To

Section Officer
Establishment-II
ICMR-NIN, Hyderabad.