



# **SAMPLE FILLED ECHS APPLICATION FORM FOR MEMBERSHIP**

**INDIAN COAST GUARD**  
**Bureau of Naviks**  
भारतीय तटरक्षक नाविक ब्यूरो

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**APPLICATION FORM FOR MEMBERSHIP (REV 2010)**  
(PLEASE FILL IN CAPITALS & IN BLUE INK)



Application Regn No.	
Place of Submission	
Category	( <input checked="" type="checkbox"/> ) (a) Officer (b) JCO & Equivalent (c) OR & Equivalent

To be filled by Stn HQ/Record Office

**PART I - PARTICULARS OF PENSIONER**

APPLICATION FOR () Pensioner  Family Pensioner  Future Retiree

SERVICE () Army  Navy  Air Force  CG  DSC  SFF

*[Signature]*  
Signature of Applicant  
(black ink)

1. Service No 01404-S 2. Rank ADN  
(With prefix and suffix) (Abbreviated as per General Instructions)

3. (a) Name of Ex-Serviceman  
(Maximum 32 characters including spaces)  
SANJAY PRATAP SINGH

(i) Regt/Corps/Ship/Base/Unit: \_\_\_\_\_ (ii) Gender () Male  Female   
(iii) Citizenship () Indian  NDG  (iv) Marital Status: () Married/Unmarried/Divorcee/Widow/Widower  
(v) Employed () Yes  No  (vi) Monthly Income: 7303/-

~~(b) Name of family Pensioner (if applicable)~~ \_\_\_\_\_  
~~(i) Gender () Male  Female~~  ~~(ii) Category () Officer/JCO & Equivalent/OR & Equivalent~~  
~~(iii) Employed () Yes  No~~  ~~(iv) Citizenship () Indian  NDG~~  ~~(v) Monthly income \_\_\_\_\_~~  
~~(c) Relationship with ESM () Spouse/ Son/ Daughter/ Father/ Mother~~  
~~(d) Date of Demise of Pensioner \_\_\_\_\_ (DD-MM-YYYY)~~

For family Pensioner only

(e) UID No \_\_\_\_\_ (f) PAN No BARPS 5398M  
4. Date of Birth of Applicant 10 01 1967 (DD-MM-YYYY)  
5. Date of Commission/ Enrollment 04 01 1988 (DD-MM-YYYY)  
6. Date of Retirement/ Discharge 01 04 2010 (DD-MM-YYYY)

7. Parent Polyclinic LUCKNOW  
8. Residential Address  
VILL/PO-GAJENDHAR  
PATTI BHEDAWRA  
Tahsil BURHANPUR Dist AZAMGARH  
State UP Pin 223223

9. Contact details  
(a) Telephone No 0522-4067776  
(b) Mob No 09935536440  
(c) E-Mail ID: Sunny1404@yahoo.com

10. Type of Pension () Normal  Disability  Family   
11. Pension Payment Order No (PPO No) C/CGO/16039/2010  
(attach photo copy)

12. Name & Address of Banker/Treasury from where pension drawn  
STATE BANK OF INDI  
AJHUSI ALLAHABAD

13. Pension Bank Account Number 10679437091

14. Record Office BUREAU OF NAVIKS

15. Drug Allergy (if any) -NIL

16. Blood Group B+ Physical Disability () Yes  No

(Optional) (Tick one as applicable) War Disability/Battle Casualty Disability () Yes  No

*[Signature]*

Speciman signature/Left Thumb Impression

Signature and stamp of authorising Officer of Station Headquarters/ Record Office. \_\_\_\_\_

**PART-II PARTICULARS OF DEPENDANTS**

Name of SPOUSE **KUSUM LATA SINGH**  
(Maximum 20 Characters including space)



Gender (✓) Male  Female  Citizenship (✓) Indian  NDG

Date of Birth **02 07 1968** (DD-MM-YYYY)

Date of Marriage **01 06 1990** (DD-MM-YYYY)

Parent Polyclinic (If not same as pensioner/Family pension) \_\_\_\_\_

Physical Disability (✓) Yes  No  Employed (✓) Yes  No  Monthly Income **NIL**

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Blood Group **AB+**

Name Mentioned in Service/ Discharge Book (✓) Yes  No

Drug Allergy (if any) \_\_\_\_\_

Residential Address (if not same as pensioner/Family pension)  
Tehsil \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_

Contact details (a) Tele No (With STD code) **0522-4067776** Mob **09935520307**

(b) E Mail ID :- \_\_\_\_\_

Name of FATHER \_\_\_\_\_  
(Maximum 20 Characters including Space)

Citizenship (✓) Indian  NDG

Date of Birth \_\_\_\_\_ (DD-MM-YYYY)

Employed (✓) Yes  No  Pensioner (✓) Yes  No

Whether dependent on applicant (✓) Yes  No  Monthly income \_\_\_\_\_

Parent Polyclinic (If not same as pensioner/Family pension) \_\_\_\_\_

Name Mentioned in Service/Discharge Book (✓) Yes  No  Physical Disability (✓) Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Blood Group \_\_\_\_\_

Drug Allergy (if any) \_\_\_\_\_

Residential Address (if not same as pensioner/Family pension)  
Tehsil \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_

Contact details (a) Tele No (With STD code) \_\_\_\_\_ Mob \_\_\_\_\_

(b) E Mail ID :- \_\_\_\_\_

Name of MOTHER \_\_\_\_\_  
(Maximum 20 Characters including Space)

Citizenship (✓) Indian  NDG

Date of Birth \_\_\_\_\_ (DD-MM-YYYY)

Employed (✓) Yes  No  Pensioner (✓) Yes  No

Whether dependent on applicant (✓) Yes  No  Monthly income \_\_\_\_\_

Parent Polyclinic (If not same as pensioner/Family pension) \_\_\_\_\_

Name Mentioned in service/Discharge Book (✓) Yes  No  Physical Disability (✓) Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Blood Group \_\_\_\_\_

Drug Allergy (if any) \_\_\_\_\_

Residential Address (if not same as pensioner/Family pension)  
Tehsil \_\_\_\_\_ Dist \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_

Contact details (a) Tele No (With STD code) \_\_\_\_\_ Mob \_\_\_\_\_

Affix Recent Colour Passport size Photo of FATHER of Pensioner (Red Background)

Affix Recent Colour Passport size Photo of MOTHER of Pensioner (Red Background)

Optional

Optional

Optional

PART-II PARTICULARS OF DEPENDANTS

Name of CHILD **PRATI KSHA SINGH**  
 (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth **14/05/1996** (DD-MM-YYYY)

Relationship (with Ex-Serviceman) **DAUGHTER** Employed (✓) Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓) Yes  No  Blood Group **A+**

Name Mentioned in Service/Discharge Book (✓) Yes  No  Part II Order Published and Copy/ Proof attached (✓) Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income **-NIL-**

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Contact details (a) Tele No (With STD code) **0522-4067776** Mob **09935536440**

(b) E-Mail ID :- \_\_\_\_\_



Name of CHILD **SAKSHI SINGH**  
 (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth **08/11/1997** (DD-MM-YYYY)

Relationship (with Ex-Serviceman) **DAUGHTER** Employed (✓) Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓) Yes  No  Blood Group **A+**

Name mentioned in Service/ Discharge Book (✓) Yes  No  Part II Order Published and Copy/ Proof attached (✓) Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income **NIL**

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Contact details (a) Tele No (With STD code) **0522-4067776** Mob **09935536440**

(b) E-Mail ID :- \_\_\_\_\_



Name of CHILD \_\_\_\_\_  
 (Maximum 20 Characters including space)

Citizenship (✓)  Indian  NDG

Date of Birth \_\_\_\_\_ (DD-MM-YYYY)

Relationship (with Ex-Serviceman) \_\_\_\_\_ Employed (✓) Yes  No

Marital Status (✓)  Married  Unmarried  Widow  Divorced

Parent Polyclinic (if not same as pensioner/ Family pension)

Permanent Disability (✓) Yes  No  Blood Group \_\_\_\_\_

Name mentioned in Service/ Discharge Book (✓) Yes  No  Part II Order Published and Copy/ Proof attached (✓) Yes  No

UID No \_\_\_\_\_ PAN No: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Drug Allergy (if any)

Residential Address (if not same as pensioner/ Family pension)

Contact details (a) Tele No (With STD code) \_\_\_\_\_ Mob \_\_\_\_\_

Affix Recent Colour Passport size Photo of CHILD of Pensioner (White Background)  
**Red**

Note : 1. In case of more than three children the ESI to photocopy this page. 2. In case of child mentally/physically challenged, necessary certificate to be attached. 3. Attach relevant Medical document of Drug Allergy (if any) and Blood Group.

Optional

Optional

Optional

**PART-III DETAILS OF MRO PAYMENT**

(Serial 1 to 4 to be filled by only those whose contribution NOT deducted in PPO)

1. Payment in full or in Instalments (Tick as applicable) Full  One  Two  Three  Exempted

2. Bank  RBI  SBI Branch **GB BRANCH**  
**LUCKNOW**

3. MRO No **01762449/21** Date of Payment **03/12/2010**  
**16/09/2010**

4. Amount (Rupees) **27000 = (8400 + 18600)**

**PART-IV DETAILS OF PAYMENT FOR SMART CARDS**

1. Total Cards Demanded **04** 2. Amount (Rupees) **05410**

3. Mode of payment **DD No 669626** Date of Draft **16/12/10** Bank Name **PNB Mankhurd**

Date **16/12/2010** (DD-MM-YYYY)

Note :- Faulty entries requiring subsequent correction will entail fresh cards being Made on additional payment

(Signature of Applicant)  
(Black Ink)

**PART-V TO BE FILLED BY STATION HEADQUARTERS/ RECORD OFFICE**

1. Basic Pension (Rupees) **6955** 2. Documents Checked and Receipt issued (✓) Yes

3. Payment Received for Smart Cards **04 (FOUR)** Rs. **05410**

4. Category for Hospitalisation  Private  Semi-Private  General

5. Date of Receipt of Application from **16/12/2010**  
Date of Retirement of Future Retiree

6. Date application forwarded To Regional Centre

(Signature and Stamp of Station Headquarters/ Record Office)

**PART-VI TO BE FILLED BY REGIONAL CENTRE ECHS**

1. Date of Receipt of Application Form

2. Date application forwarded to Vendor

Checked by (Initials & No) Verified by (Initials & No)

Signature and Stamp of Authorized Officer

**SMART CARD DETAILS (to be filled on receipt from vendor)**

1. Date of Receipt of Smart Card(s)

2. ECHS No. (Mentioned in Smart Card)

3. No of Smart Card(s) issued (✓)  One  Two  Three  Four  Five  Six

(a) Dispatched to (Station HQ: Record Office/Individual)

(b) Date of Dispatch

Initials

रक्षा सेवार्यो - असैन्य पेंशन DEFENCE SERVICES - CIVIL PENSION  
 रक्षा लेखा प्रधान नियंत्रक (पेंशन) कार्यालय, इलाहाबाद  
 OFFICE OF THE PRINCIPAL CDA (PENSIONS) ALLAHABAD

पे. मु. आ.संख्या/P.P.O. No. C/CGO /16039/2010

वेतन बैंड/PAY BAND /PAY BAND: 09300-34800 #GRADE/PAY 04200 नाम/नाम लेख (अनुदान) अनुदान  
 अ. असैन्य सेवा एवं वेतन विवरण A. SERVICE AND PAY PARTICULARS DEBIT DEFENCE SERVICES (CIVIL) ESTIMATES

नाम / NAME				राष्ट्रीयता / NATIONALITY			
SANJAY PRATAP SINGH				INDIAN			
अंतिम धारित पद / POST LAST HELD ADHICARI RO NO 01404 B							
कार्यालय / OFFICE 700 SQN CG							
जन्म तिथि / DATE OF BIRTH		नियुक्ति तिथि / DATE OF APPOINTMENT		शुद्ध अर्हक सेवा / NET Q.S (YYMMDD)		पेंशन की प्रवृत्ति / NATURE OF PENSION	
10/01/1967		04/01/1988		22/02/28		VOLUNTARY	
वेतन बैंड में वेतन / PAY IN PAY BAND	ग्रेड वेतन / GRADE PAY	पै.ब.अ./रैंक वे. / N.P.A./RANK PAY	सै.से.वे. / M.S.P.	उपदान हेतु म.अ. / DA FOR GRATUITY ONLY	अ. दस माह औसत परि. / AVG. EMOL FOR TEN MONTHS	पेंशन प्रारम्भ तिथि / D.C.O.P	
09710	4200	00000	NIL	(15%) 4869	13869.00	01/04/2010	
ब. पेंशनरी अवार्ड्स / B. PENSIONARY AWARDS							
जीवन पर्यन्त प्रतिमाह स्वीकृत पेंशन / PENSION SANCTIONED PER MONTH FOR LIFE							चिकित्सा मत्त / MED. ALLOW.
6955 RUPEES SIX THOUSAND NINE HUNDRED AND FIFTY FIVE ONLY							
अवशेष पेंशन प्रतिमाह / RESIDUAL PENSION PER MONTH							
2782 RUPEES FOUR THOUSAND ONE HUNDRED AND SEVENTY THREE ONLY							4173
शुद्ध वेतन / NET GRATUITY	मांग / DEMANDS	कोड / CD	रकम / AMT WITHHELD	शुद्ध वेतन हेतु निवृत्ति उपदान / NET RETIREMENT GRATUITY TO BE PAID			
206569			20657	RUPEES ONE LAKH EIGHTY FIVE THOUSAND NINE HUNDRED AND TWELVE ONLY 185912			
अवकाश तिथि / ABSOLUTE DATE OF COMBINATION		मुग्तान की जाने वाली पूंजीकृत मूल्य / CAPITALISED VALUE OF PENSION TO BE PAID Rs.					
01/04/2010		RUPEES THREE LAKH ONE THOUSAND NINETY ONE ONLY 301091					
सं. पारिवारिक पेंशन / C. FAMILY PENSION							
नाम / NAME			सम्बन्ध / RELATIONSHIP		जन्म तिथि / DATE OF BIRTH		राष्ट्रीयता / NATIONALITY
KUSUMLATA SINGH			WIFE		02/07/1968		INDIAN
सामान्य पारिवारिक पेंशन की बढ़ी हुई दर / ENHANCED RATE OF ORDINARY FAMILY PENSION							
RUPEES SIX THOUSAND NINE HUNDRED AND FIFTY FIVE ONLY							6955
बढ़ी हुई दर मूल्य की तिथि से सात वर्ष तक देय / THE ENHANCED RATE IS PAYABLE FOR SEVEN YEARS FROM THE DATE FOLLOWING THE DATE OF DEATH OR 01/01/2034 जो भी पहले हो / WHICHEVER IS EARLIER							
पारिवारिक पेंशन की सामान्य दर / NORMAL RATE OF FAMILY PENSION							
RUPEES FOUR THOUSAND ONE HUNDRED AND SEVENTY THREE							4173
द. मुग्तान की एजेंसी व स्थान / D. AGENCY AND PLACE OF PAYMENT							
पेंशन संचितरण कार्यालय / PENSION DISBURSEMENT OFF.				बैंक शाखा / बैंक अकाउंट नं. / BANK BRANCH/BUB TREASURY			
STATE BANK OF INDIA				JHUSI			
स्थान / STATION				बैंक खाता संख्या / BANK ACCOUNT NO.			
ALLAHABAD				10679437091			
राज्य / STATE		असमर्थ बच्चे का नाम / NAME OF HANDICAPPED CHILD				सम्बन्ध / RELATIONSHIP	
UTTAR PRADESH						2 AUG 2010	

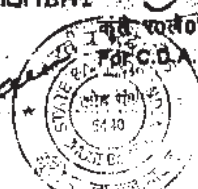
आवृत्त/REPEATED IN THE P.P.O. IN THE FUNCTIONS AND PAYABLE IN ADDITION IN TERMS OF MIN. OF P, PG&PEN, GM. NO. 42/2/2008, P&PW(G) DT. 12/9/2008 AND FURTHER AT THE RATE AS NOTIFIED FROM TIME TO TIME.

STATE BANK OF INDIA MAIN BR KACHEHARI RD ALLAHABAD

- BUREAU OF NAVIKS CHEETAH CAMP MANKHURD MUMBAI
- कार्यालय प्रधान H.O.
- प्र.अधि.ले.प.-1 अनुभाग Office-in-charge Audit-1 Section

*Receipt acknowledged*

*2 AUG 2010*  
 P.C.A. (Pension)  
 01/10/10



Original/Duplicate/Triplicate/Quadruplicate

In lieu of IAFF (A) 507

**MILITARY RECEIVABLE ORDER**

STATION

PPO No. C/C60/16039/2010  
Dt 02 Aug 10

MRO No. \_\_\_\_\_

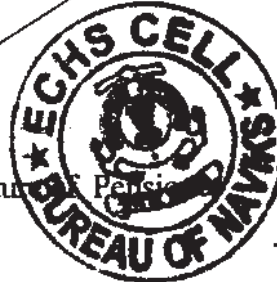
To,  
The Officer-in-Charge of

The Treasury  
The State Bank / Reserve Bank of India

Please receive from No. 01404 Rank: ADH Name: SANJAY PRATAP SINGH  
or order, the sum of Rupees Eight thousand four hundred only on  
account of " **EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**"  
and credit the amount as Defence Department receipt pertaining to the  
**PCDA (WC) CHANDIGARH**  
MAJOR HEAD : 0076, MINOR HEAD: 107, Compliant to Code Head. 0/405/01

Forwarded to **PCDA(WC) CHANDIGARH**  
(Code No: 4013000004)

*SAMPLE COPY*



Signature of Pensioner

*(Signature)*  
Sanjay Singh  
Adhcro  
SO/C ECHS.

PART-II

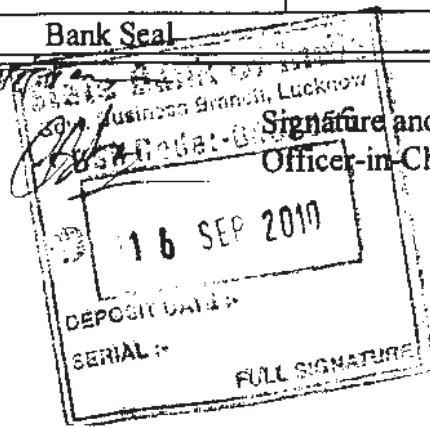
Treasury : SBI / Reserve Bank of India Receipt No. 7211271

dated 16/9/10 Received the sum of Rs. 8400/=

(Rupees Eight thousand four hundred only)

0	0	0	7	8	0	6	1	6	0	9	1	0				
BSR Code										DD MM YY			Serial No.			
Bank Seal																

*01404/3/12/25/12/2010*



Signature and designation of  
Officer-in-Charge Treasury

Original/Duplicate/Triplicate/Quadruplicate

In lieu of IAFF (A) 507

**MILITARY RECEIVABLE ORDER**

PPO No. C/C60/16039/2010 STATION  
dt 02 Aug 2010.

MRO No. \_\_\_\_\_

To,  
The Officer-in-Charge of

The Treasury  
The State Bank / Reserve Bank of India

Please receive from No. 01404-S Rank: EX Adh Name: SP Singh  
or order, the sum of Rupees Eighteen thousand six hundred only on  
(Rs. 18600/-)  
account of "EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)"

and credit the amount as Defence Department receipt pertaining to the  
**PCDA (WC) CHANDIGARH**

MAJOR HEAD : 0076, MINOR HEAD: 107, Compliant to Code Head. 0/405/01

Forwarded to **PCDA(WC) CHANDIGARH**  
(Code No: 4013000004)

Signature of Pensioner/Issuing Authority



SP Singh  
SO I/C ECHS

**PART-II**

Treasury : SBI / Reserve Bank of India Receipt No. 0762449

dated 3/12/10 Received the sum of Rs. 18600/-

(Rupees Eighteen thousand Six hundred only)

0	0	0	7	8	0	6	0	3	1	2	1	0
BSR Code						DD MM YY			Serial No.			
Bank Seal												

Signature and designation of  
Officer-in-Charge Treasury

3/12/10

मांगे जाने पर ON DEMAND PAY

दिनांक Date 16-12-2010  
 या उनके आदेश पर OR ORDER

REGIONAL CENTRE ECHS DELHI CANT

रुपये RUPEES

**\*\*Five Hundred forty only\*\***

प्राप्त मूल्य के बदले अदा करें  
 FOR VALUE RECEIVED

**TOJ 669626**

शाखा क्रमांक Branch Serial No. 0102/2010

रु. **\*\*540.00\*\***  
 Rs.

**पंजाब नेशनल बैंक**  
 punjab national bank

Draft is signed singly as it is for amount upto Rs. 25,000/-  
 (NOT OVER Rs.540/-)

अदाकर्ता शाखा एवं वि.सं. Drawee Branch with D.No. D.No. 2107 - FINACLE -  
 CDPC DELHI FINACLE

प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.एस.  
 AUTHORISED SIGNATORY WITH GBPA No.

*(Signature)*  
 प्राधिकृत हस्ताक्षरकर्ता जी.बी.पी.एस.  
 AUTHORISED SIGNATORY WITH GBPA No.

⑈669626⑈ 000024000⑈

16

**SAMPLE COPY**

9  
8  
7  
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5  
4  
3  
2  
1

केवल छह महीने के लिए वैध है। VALID FOR SIX MONTHS ONLY

NOTECH SECURITY PRINTERS

रु  
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**BANKER'S CERTIFICATE**

Certified that following :

Name Sanjay Pratap SinghService No. 01404-S Rank EX-Adhikari (RO)Pension Account No. 10679437091 of this bank is drawing pension as follow :

(a)	Uncommuted Basic Pension Including 50% Dearness Pension	Rs. <u>6955-00</u>
(b)	DA	Rs. <u>3130-00</u>
(c)	Fixed Medical Allowance	Rs. <u>NIL</u>
Cumm. Amount		Rs. <u>2782-00 (-)</u>
Total :		Rs. <u>7303-00</u>

His Pension Payment Order No. is 0/C60/16039/2010Fixed Medical Allowance has been stopped w.e.f. (date) NA

(Authority for discontinuation of FMA, CGDA New Delhi Circular No. 5601/AT - P/Paytt dated 17 Jun 05 and GOI, MOD letter No. 2(a)/01/US(WE)/D (Res) dated 30 Dec 2002)

Date : 07/12/10

*Mukul Singh*  
PDA/Bank Manager/I/C DDO  
(With Official Stamp)

7/12/10

# भारतीय गैर न्यायिक

दस  
रुपये

TEN  
RUPEES

10

Rs.10



INDIA NON JUDICIAL

UTTAR PRADESH

03AB 293629

## AFFIDAVIT

I, Service No. 01404- S Rank Ex- ALHIKARI Name. SANJAY PRATAP SINGH of unit Indian Coast Guard solemnly affirm and declare as follows:-

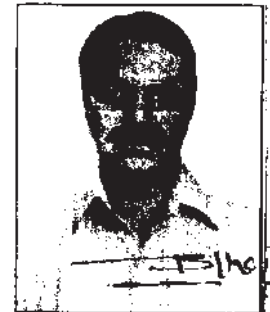
1. That I am drawing pension vide PCDA Pension Payment Order No. C/CGO/16039/ 2010 dated 02 August, 2010.
2. That I have the following legal dependent(s) whose photographs(s) are affixed below on this affidavit:-

Name : Sanjay Pratap Singh

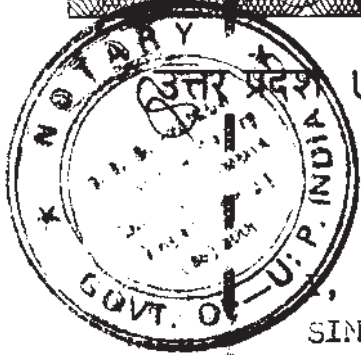
Date of birth: 10.01.1967

Relationship: Self

Identification Mark: As Onal Scar Marks on Rt. Arm.



cont..2



I identify the Copy and / or photo of the person named in this Affidavit / T.I. before me  
21/9/16

100% AND VERIFIED FROM ME

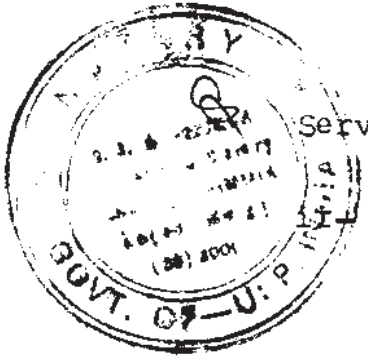
Signature of Notary

COPY SAMPLE

SAMPLE COPY

-2-

Service No. 01404-S, Rank. Ex-ADHIKARI Name. SANJAY PRATP SINGH



i- Name : Kusum Lata Singh

Date of Birth: 02.07.1968

Relationship: Wife

Identification Marks: Small cut marks on forehead.



iii- Name : Pratiksha Singh

Date of birth: 14.05.1996

Relationship : Daughter

Identification Marks: Black Mole on chin

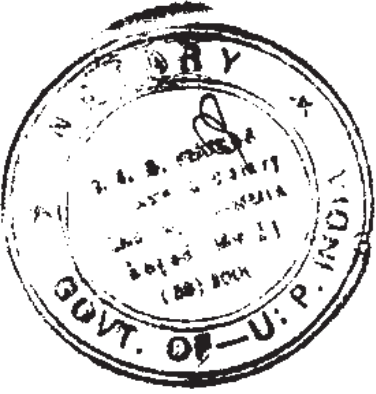


iv- Name : Sakshi Singh

Date of birth: 08.11.1997

Relationship: Daughter

Inditification Marks Black Mole  
on Left Arm



(A) That the combined monthly income (from all sources including income accruing from house/ other immovable property/fixed deposit etc.) of my dependant father and/or dependant mother is less than Rs. 3500/-

(b) That is hereby certified that my parents (father/mother or both) do not draw any pension from Central Govt./ State/ PSUs/ any Privat Organisation and are physically residin with me.

4. That my child/ children is/are dependent on me and is/ are NOT earning more than Rs. 3500/- per month, & that my daughter (s) is/ are NOT married.

5. I shall inform the ECHS immediately of his/ her/ their employment of earnig more than Rs. 3500/PM.

6. That in case of any change in the status of my dependant (due to death, marriage, employment), I will inform Station Headquarter, ECHS Cell at the earliest and will stop use of ECHS facilities. I will refund in full, cost of any treatment that my dependent may have

Sign Sakshi Singh ..4

have received after he/she became ineligible. I shall shall be liable for civil/ criminal action should I fail to do so.

7. (a) That I am NOT a member of any other medical scheme funded by Central Govt. PSU or any other Govt. undertaking.

(b) That my spouse is NOT a member CGHS or any other Govt. Scheme.

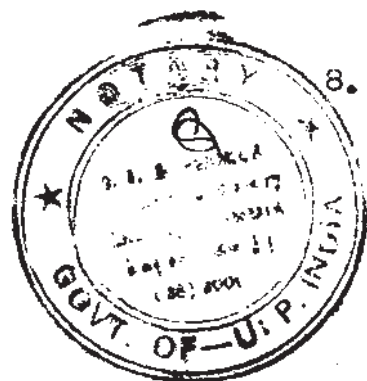
8. I understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorised person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will be liable for legal action by the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarter.

9. That in case of any misuse of Smart Cards(s) or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.

10. I undertake that in case of any misbehaviour, on my part with Polyclinic Staff, my membership may be suspended, cancelled/ terminated.

11. I understand that the contribution I am making is a one-time token amount and is not refundable even if I






*Handwritten notes:*  
Sampal Singh  
Panchayati  
U.P.

*Large handwritten word:* SAMPLE

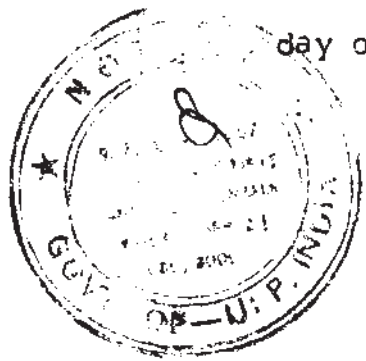
donot make use of any ECHS facility or opt out of ECHS Scheme.

  
Signature of deponent.


VERIFICATION

I, the deponent above named, do hereby solemnly declare and verify that the contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom.

Verifite at (place), Lucknow (UP) (on this (date) 22/09/2010 day of (month) September 2010 year.



*S A M P L E*

  
Signature of deponent.

ATTESTATION

Certified that the above statement is declared before

*21/09/2010*  
me at (place) Lucknow on this 22/09/2010 day of (month) September year 2010 by DEPONENT Service No. 01404-S

Rank Ex-ADHIKARI Name SANJAY PRATAP SINGH who is identified by Name Ravi Vijay Singh , , S/o (Father's name of identifier)

Sh. Jai Prakash Singh and witnessed by .

Name Rajeshwar Nath S/O (Father's Name of first witness)  
& Name Santosh Kumar S/o Surendra Nath

Father's Name of second witness:

WITNESS

Signature of Witness No.1

*R. Krishna*

1. (Name in Block Capitals)  
Full Postal Address.

RADHAKANT NEHRA  
D-412 SAHAKA PLAZA  
PATRAKIR PURAM  
LKO.

Signature of witness No.2

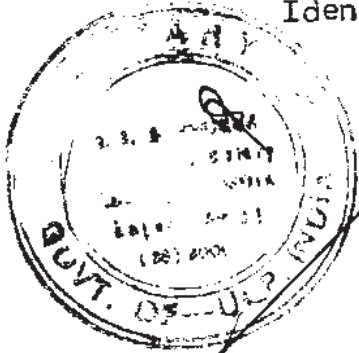
*Santosh*

1. (Name in Block Capitals)  
(Full Postal Address.

SANTOSH KUMAR  
1/42 VISHAL KHAD  
GOMTI NAGAR LKO.

Identified by me

ATTESTED BY MAGISTRATE/NOTARY PUBLIC



*SAMPLE COPY*

*CC*  
**Gnyam Sunder Nath Singh**  
Adv. & Notary  
30, Subhash Marg, Pandeyganj  
Lucknow, U.P. India.

Name : SP SINGH

Rank : ADHIKARI (RO)

No : 01404-S

Specimen Signature : [Signature]

Released from the Service on 01 APRIL 2010 vide

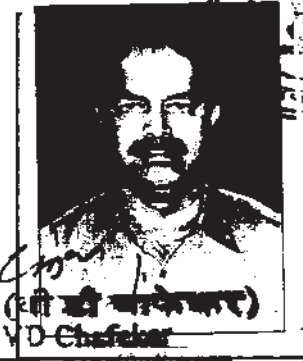
CGHQ letter NK/0171/VR/1 dated 04 JAN 2010

Reason for Release : VOLUNTARY RETIREMENT FROM COAST GUARD

SERVICE UNDER RULE 27 OF COAST GUARD (GENERAL)

RULES, 1986, READ ALONG WITH RULE 48-A OF CCS (PENSION)

RULES, 1972.



(डी डी चाटेकार)  
V.D. Chatekar  
उप. महानिरीक्षक  
Deputy Inspector General  
प्रभारी अधिकारी  
Officer-in-Charge

*SAMPLE COPY*

**FAMILY CERTIFICATE**

Joint photograph of pensioner and wife



(डी डी चाटेकार)  
V.D. Chatekar  
उप. महानिरीक्षक  
Deputy Inspector General  
(To be Attested)  
प्रभारी अधिकारी  
Officer-in-Charge

Details of the dependents at the time of leaving service who are entitled to receive medical/Dental treatment admissible under the existing rules of service:

**FAMILY PARTICULARS**

No.	Name	Sex	Date of Birth	Relation
(a)	MRS KUSUM LATA SINGH	F	02.07.1968	WIFE
(b)	PRATIKSHA SINGH	F	14.05.1996	DAUGHTER
(c)	SAKSHI SINGH	F	08.11.1997	DAUGHTER
(d)	SHRI RANA PRATAP SINGH	M	24.10.1946	FATHER
(e)	SMT AARTI SINGH	F	10.01.1950	MOTHER
(f)				

*SAMPLE*

**Note:**

The term family will include wife/husband, mother, father, unmarried children including step/adopted children who are dependent on the pensioner.

Bureau of Naviks  
Coast Guard Complex  
Golfadev Temple Road  
Worli, Mumbai-25

Bureau of Naviks  
Chetana Camp  
Mankhurd  
Mumbai-400 088

Officer-in-Charge

*(Signature)*  
(वी डी चाफेकर)  
VD Chafekar  
उप. महानिरीक्षक  
Deputy Inspector General  
महानिरीक्षण  
Officer-in-Charge

(Office Seal)



Date : 31 MAR 2010



# Sai Kripa Diagnostic Centre

☎ : 0522-2391314  
☎ : 0522-3238081

(On main Road between Patrakarpuram & Station, Opp. Trinca Restaurant)

3/172, Vinay Khand, Gomti Nagar - 226 010

*Dr. Mamta Gupta*  
MBBS, DNB (RDI)

Ex. Radiologist  
St. Joseph Hospital  
Gomti Nagar, Lucknow

PT. NAME-MR. SANJAY PRATAP SINGH

AGE/SEX-43YRS/M

REFD. BY-SELF

DATE-20.09.10

Specimen-BLOOD

Lab. No-224/09

*COPY*

## PATHOLOGY REPORT.

BLOOD GROUP-

ABO

*SAMPLE*  
- "B"

Rh ANTIGEN - POSITIVE

*2*  
Checked by

*Pathologist*  
DR. DEEPTI SINGH  
MD.PATHOLOGY.

### FACILITIES

Pathology Hormone Studies, Routine X-rays, Contrast Studies HSG, Ultrasound of Spleen Parts, Transvagina Sonography, US Guided Procedures, ECG, PFT, TMT, VED Bronchoscopy, Allergy Testing, Endoscopy, Semi Automatic Blood Analyser of Merck's Na. K Analyser.

**Timings : 7.30 a.m. to 9.00 p.m. (Sunday Evening Closed)**

(THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSES)



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☎ : 0522-2391314  
☎ : 0522-3238081

(On main Road between Patrakarpuram & Station, Opp. Trinca Restaurant)

3/172, Vinay Khand, Gomti Nagar - 226 010

**Dr. Mamta Gupta**  
MBBS, DNB (RDI)

Ex. Radiologist  
St. Joseph Hospital  
Gomti Nagar, Lucknow

PT. NAME-MISS. SAKSHI

AGE/SEX- 13YRS/F

REFD. BY-SELF

DATE-20.09.10

Specimen-BLOOD

Lab. No-221/09

## PATHOLOGY REPORT.

BLOOD GROUP-

ABO

"A"

Rh ANTIGEN - POSITIVE

COPY

SAMPLE

Checked by

Pathologist  
DR. DEEPTI SINGH  
MD.PATHOLOGY.

### FACILITIES

Pathology, Hormone Studies, Routine X-rays, Contrast Studies, HSG, Ultrasound of Small Parts, Transvaginal Sonography, US Guided Procedures, ECG, PFT, TMT, VDO Bronchoscopy, Allergy Testing, Endoscopy, Semi Automatic Blood Analyser of Merck's Na/K Analyser

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*Dr. Mamta Gupta*  
MBBS, DNB (RDI)

Ex. Radiologist  
St. Joseph Hospital  
Gomti Nagar, Lucknow

PT. NAME-MISS . PRATIKSHA SINGH

AGE/SEX- 14YRS/F

REFD. BY-SELF

DATE-20.09.10

Specimen-BLOOD

Lab. No-222/09

## PATHOLOGY REPORT.

BLOOD GROUP-

ABO

- "A"

Rh ANTIGEN

- POSITIVE

*checked by*

*Pathologist*  
DR. DEEPTI SINGH  
MD. PATHOLOGY.

### **FACILITIES**

Pathology, Hormone Studies, Routine X-rays, Contrast Studies, HSG, Ultrasound of Small Parts, Transvaginal Sonography, US Guided Procedures, ECG, PFT, TMT, VDO Bronchoscopy, Allergy Testing, Endoscopy, Semi Automatic Blood Analyser of Merck's Na/K Analyser.

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3/172, Vinay Khand, Gomti Nagar - 226 010

*Dr. Mamta Gupta*  
MBBS, DNB (RDI)

Ex. Radiologist  
St. Joseph Hospital  
Gomti Nagar, Lucknow

PT. NAME-MRS . KUSUM LATA

AGE/SEX- 41YRS/F

REFD. BY-SELF

DATE-20.09.10

Specimen-BLOOD

Lab. No-223/09

## PATHOLOGY REPORT.

BLOOD GROUP-

ABO - "AB "

Rh ANTIGEN - POSITIVE

COPY

SAMPLE

*Deepti Singh*  
Checked by

*Deepti Singh*  
Pathologist  
DR. DEEPTI SINGH  
MD.PATHOLOGY.

### FACILITIES

Pathology, Hormone Studies, Routine X-rays, Contrast Studies, HSG, Ultrasound of Small Parts, Transvaginal Sonography, US Guided Procedures, ECG, PFT, TMT, VDO Bronchoscopy, Allergy Testing, Endoscopy, Semi Automatic Blood Analyser of Merck's Na/K Analyser.

**Timings : 7.30 a.m. to 9.00 p.m. (Sunday Evening Closed)**

(THIS REPORT IS NOT VALID FOR MEDICO LEGAL PURPOSE)

**RECEIPT FOR DOCUMENTS CUM TEMPORARY CARD  
EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**

(USE BLUE INK ONLY) EX -

1. Received following documents from No 01404-S Rank ADH Name SANJAY PRATAP SINGH towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS) :-

- (a) Application form (duly completed) (Duplicate)
- (b) Photographs pasted at appropriate places.
- (c) Affidavit in original (duly attested).
- (d) Copy of MRO (where applicable).
- (e) Photocopy of PPO/Bankers certificate duly attested by bankers/treasury (where applicable).
- (f) Photocopy of service/discharge book /proof of dependants.
- (g) Demand draft (for Smart Cards) (Rs 135/- Per card in favour of dependent Regional Centre ECHS)
- (h) Certificate from OIC parent Polyclinic containing old data in case of duplicate Card(s)/Change of Cards.





2. Category for Hospitalisation ( ✓ ) Private  Semi Private  General

3. Parent Polyclinic of Pensioner Lucknow

Place : Office seal  
Date :

No \_\_\_\_\_  
Rank \_\_\_\_\_  
Name \_\_\_\_\_  
Signature \_\_\_\_\_

(Officer issuing temporary receipt in lieu of Smart Card)

		FATHER	MOTHER
		CHILD	CHILD

SAMPLE COPY

- 1. Receipt will not be destroyed. This will be filed alongwith the original Application Form .
- 2. No Smart Card will be issued if this receipt in original is not produced.
- 3. Record Office will retain this receipt after checking the Application Form for handing over to the individual if the ECHS card is not ready prior to his retirement.
- 4. The Original Receipt is valid upto a maximum of Sixty days.

Pension Payment Order No (PPO No) C/C60/16039/2010  
(attach photocopy)

Received Smart Card ( ✓ ) One  Two  Three  Four  Five  Six

Date : \_\_\_\_\_  
Signature of Pensioner 

Note : Observation / complaints pertaining to SMART CARD (s) must be brought to issuing authority within 07 days of receipt of the Card (s).

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3. Parent Polyclinic of Pensioner Lucknow

Place : Office seal

Date : \_\_\_\_\_ No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

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