

APPLICATION FORM FOR DEPENDENT IDENTITY CARD CG PERSONNEL

PART-I

PARTICULARS OF OFFICER/ENROLLED PERSONNEL

| | | | |
|----------------------|---|-------------------------|---|
| 1. Rank | : | _____ | <u>Photographs of Dependents</u> |
| 2. Name | : | _____ | |
| 3. Personal No. | | _____ | |
| 4. Unit | : | _____ | |
| 5. Permanent Address | : | _____ _____ _____ | |
| 6. Local Address | : | _____ _____ | |

PART-II

PARTICULARS OF DEPENDENT

| | I | II | III |
|-------------------------------|----------------|----------------|----------------|
| 1. Name | _____ | _____ | _____ |
| 2. Sex | _____ | _____ | _____ |
| 3. Date of Birth | _____ | _____ | _____ |
| 4. Relationship | _____ | _____ | _____ |
| 5. Identification Mark | _____ _____ | _____ _____ | _____ _____ |
| 6. Signature of dependent (s) | _____ | _____ | _____ |
| 7. left thumb Impression | | | |

PART - II

I hereby declare that the particulars given above in part in I & II are true. I shall be liable to disciplinary action if the same are found false/incorrect at any stage. I also declare that I am not holding any dependent identity card of the above mentioned persons issued by Coast Guard /Naval authorities

Place : _____

Signature of Officer / Sailor

Date : _____

PART-IV
COUNTERSIGNED

I have personally explained to officer/sailor, the consequence of false declaration.

Place : _____

Signature _____

Rank & Name _____

Date : _____

Commanding Officer

PART-V

Dependent Identity Card No. _____ Valid upto _____ Issued
On _____

Signature _____

Name/Rank of Issuing Authority

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- Note:**
1. Identity card will be issued to spouse and dependents.
 2. One combined photograph and one stamp size photograph incase of spouse or two in Nos. Stamp size photograph incase of other dependents are to be attached with this form.
 3. Identity Cards are to be collected from this office within seven days.
 4. Cost of Identity Card is penalty of Rs.10/- would be levied for any loss of Identity Card
 5. Application is to be signed only by Commanding Officer



APPLICATION AND RECORD CARD

(To be filled up in capital letter)

(a) Name in full _____ (b) Rank _____ (c) P. No. _____
(Part IIQ)

(d) Permanent Address in India _____

(e) Date of Birth _____ (f) Place _____

(g) Date of commission / Enrollment _____ (h) Reason for renewal _____

Height : _____ Cms

Colour of hair : _____

Colour of eyes : _____

Visible Identification Marks :

(i) _____

(ii) _____

Signature of holder : _____

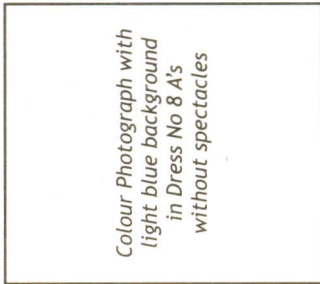
Signature, Name and Rank of
Regulating Officer/Staff Officer

ICGS : _____

Date : _____



Left thumb
impression



Colour Photograph with
light blue background
in Dress No 8 A's
without spectacles

(Ship's Stamp) Blood group : _____

DISPOSAL OF PREVIOUS I CARDS

| IC Number | Unit from where Received | Letter No & Date | Date of Destruction | Remarks |
|-----------|--------------------------|------------------|---------------------|---------|
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RECORDS OF LOSSES & PUNISHMENTS AWARDS

| Date | Ship/unit | Command | IC No. | Place | Punishment Awarded | Remarks |
|------|-----------|---------|--------|-------|--------------------|---------|
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