



(FILL IN BLOCK LETTERS)

Card No.:

Validity:

1. Ex-Employee Name:

2. Emp. No.:

3. Designation at the time of Retirement:

4. Date of Birth:

5. Blood Group:

6. Mobile No.:

7. Email ID:

8. Correspondence Address:

9. Signature of the Ex-Employee:

Space for Self Photograph

(FILL IN BLOCK LETTERS)

Details of Dependent Beneficiaries

Sr. No.	Name	Date of Birth	Relationship	Blood Group	Photo

I hereby certify that:

1. Self-details provided at Page -1 are as per the Official Records.
2. Above mentioned family members are dependent upon me as per the provisions of the SJVN Medical Attendance Rules.
3. The photocopy of the Post Retirement Medical Benefit Scheme Card having validity till _____ is hereby enclosed.

(Signature of the Ex-Employee)