# APPLICATION-CUM-RECORD CARD FOR DEPENDENTS
OF SERVING PERSONNEL IDENTITY CARDS

PART I

PARTICULARS OF SERVING PERSON
(IN CAPITAL LETTERS)

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<table>
<thead>
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<tbody>
<tr>
<td>1. Rank</td>
<td>Name</td>
<td>No.</td>
</tr>
<tr>
<td>2. Unit</td>
<td>Date of joining unit</td>
<td></td>
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<tr>
<td>3. Date of retirement</td>
<td></td>
<td></td>
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<tr>
<td>4. Permanent Address</td>
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<tr>
<td>5. Local Address</td>
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PART II

PARTICULARS OF DEPENDENT

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<table>
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</thead>
<tbody>
<tr>
<td>1. Name</td>
<td></td>
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<tr>
<td>2. Sex</td>
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<tr>
<td>3. DOB</td>
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<tr>
<td>4. Relationship</td>
<td></td>
<td></td>
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<tr>
<td>5. Identification marks</td>
<td></td>
<td></td>
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<tr>
<td>6. Signature</td>
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<td></td>
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<tr>
<td>7. Left thumb impression</td>
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PART III

I hereby declare that the particulars given above are true to the best of my knowledge. I undertake to return the Identity Card when the above relative ceases to be dependent on me. I shall be liable to disciplinary action if the same are found false/incorrect at any state. I also declare that I am not holding any dependent identity card of the above-mentioned persons issued by Coast Guard/Naval authority.

Place ____________________
Date ________________

Signature of Officer/EP

PART IV

COUNTERSIGNED

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

Place ____________________
Date ________________

Signature of Commanding Officer

Name ____________________
Rank ________________
No. ____________________

PART V

Dependent Identity Card No. ____________________ valid upto ____________________

issued on ____________________

Signature of issuing authority

Unit ____________________
Date ________________

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 photographs incase of other dependent are to be attached with this form.
3. Identity cards are to be collected from this office within seven days.
4. Application is to be signed only by Commanding Officer.
TO WHOM SO EVER IT MAY CONCERN

Certified that.................................................................
whose date of birth is ....................................................... and
whose photo is affixed on reverse, is the wife/son/daughter/
father/mother of Rank ..........................................................

Name:.............................................................................. No.: ................................
and is entitled to:

(a) Travel in Indian Airlines on 50% Concession.
(b) Medical facilities in Military Hospital.
(c) Avail MCO facilities.
(d) Avail CSD facilities.

Stn.: CGS Mumbai, Dt. ........................................... Issuing Authority