

**RESTRICTED**

1

**Appendix 'A'**

(Refers to Para 6 of CGO 02/2007)

**APPLICATION-CUM-RECORD CARD FOR DEPENDENTS  
OF SERVIING PERSONNEL IDENTITY CARDS**

Passport  
size  
photo of  
dependents

**PART I**

**PARTICULARS OF SERVING PERSON  
(IN CAPITAL LETTERS)**

1. Rank \_\_\_\_\_ Name \_\_\_\_\_ No. \_\_\_\_\_
2. Unit \_\_\_\_\_ Date of jointing unit \_\_\_\_\_
3. Date of retirement \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
5. Local Address \_\_\_\_\_  
\_\_\_\_\_

**PART II**

**PARTICULARS OF DEPENDENT**

- |                          | I     | II    | III   |
|--------------------------|-------|-------|-------|
| 1. Name                  | _____ | _____ | _____ |
| 2. Sex                   | _____ | _____ | _____ |
| 3. DOB                   | _____ | _____ | _____ |
| 4. Relationship          | _____ | _____ | _____ |
| 5. Identification marks  | _____ | _____ | _____ |
| 6. Signature             | _____ | _____ | _____ |
| 7. Left thumb impression | _____ | _____ | _____ |

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2

**PART III**

I hereby declare that the particular 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 identify card of the above mentoned persons issued by Coast Guard / Naval authority.

Place \_\_\_\_\_

Signature of Officer / EP

Date \_\_\_\_\_

**PART IV**

**COUNTERSIGNED**

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

Place \_\_\_\_\_

Signature of Commanding Officer

Date \_\_\_\_\_

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.

## **DEPENDENT IDENTITY CARD**



सत्यमेव जयते



1. This card relates only to the identity of the person described.
2. In the event of loss, finder may post/hand over to CGS Mumbai, Golfadevi Temple Road, Worli Sea-face P.O., Mumbai - 400 030 / Nearest Police Station.
3. Authority : GOI, MOD letter CGHQ/MD/2601/1340/(CG)/D(N-II), PT/0102/CGHQ/1341/US(CG)/D(N-II) and AD/0315/CGHQ/1342 US(CG)/D(N-II), all Dt. 24 Oct'97.

Issue Sl. No. **019711**

**COAST GUARD**

### **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