



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NIN**  
NATIONAL INSTITUTE  
OF NUTRITION

आईसीएमआर - राष्ट्रीयपोषणसंस्थान  
स्वास्थ्यअनुसंधानविभाग, स्वास्थ्यऔरपरिवार  
कल्याणमंत्रालय, भारतसरकार  
ICMR-National Institute of Nutrition  
Department of Health Research  
Ministry of Healthand Family Welfare  
Government of India

## APPLICATION FOR ISSUE OF MEDICAL CARD FOR PENSIONERS

To

The Director,  
ICMR- National Institute of Nutrition,  
Tarnaka,  
**Hyderabad- 500 007.**

1. PPO No. : \_\_\_\_\_ 2. Title (Mr./Ms./Mrs./Dr.) : \_\_\_\_\_
3. Full Name - Name : \_\_\_\_\_
- Surname : \_\_\_\_\_
4. Post held on Retirement : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_ 6. Date of Retirement : \_\_\_\_\_
7. Spouse Name : \_\_\_\_\_
8. Date of Birth : \_\_\_\_\_
9. Residential Address : \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- District : \_\_\_\_\_ PIN : \_\_\_\_\_
10. Mobile No. : \_\_\_\_\_
11. E-mail Id : \_\_\_\_\_

Yours Faithfully,

Station : \_\_\_\_\_

Date : \_\_\_\_\_

( \_\_\_\_\_ )

**Note :** Two passport size photographs of pensioner and their dependent (i. one is on the application ii .another one to enclose with the application (not to be stapled).

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## FOR OFFICE USE ONLY

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The above details have been verified and found correct and hence it is requested to issue Medical Card as per the details furnished below:

1. Full Name - Name : \_\_\_\_\_  
- Surname : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Date of Retirement : \_\_\_\_\_
4. Post held on Retirement : \_\_\_\_\_
5. PPO No.& Date of issue : \_\_\_\_\_
6. Scale of pay on Retirement : \_\_\_\_\_
7. Last Pay drawn : \_\_\_\_\_
8. Spouse Name : \_\_\_\_\_
9. Date of Birth : \_\_\_\_\_

[ Please enclose a copy of Form-III (Details of family) submitted by the pensioner at the time of retirement]

\_\_\_\_\_  
Section Officer  
( Establishment- VI )

\_\_\_\_\_  
( Administrative Officer/ D.D.O )

\_\_\_\_\_  
( Sr. Administrative Officer )

To

Section Officer  
Establishment-II  
ICMR-NIN, Hyderabad.