

राष्ट्रीय गतिशील दिव्यांगजन संस्थान National Institute for Locomotor Disabilities (Divyangjan) (विव्यागजन मशक्तिकरण विभाग, मामाजिक न्याय एवं अधिकारिता मंत्रालय, भारत मरकार) (Department of Empowerment of PwDs (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India) वी.टी. रोड वनहुमानी,कोनकाता-700090 / B.T. Road, Bon-Hooghly, Kolkata-70099

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<u>APPLICATION FORM FOR IDENTITY CARD - RETIRED EMPLOYEE</u>

(TO BE FILLED IN BLOCK LETTERS ONLY)

1.	NAME		Affix Passport photograph with	
2.	DATE OF BIRTH			
3.	DATE OF SUPERANNUATION		blue back ground size 4.5 x	
4.	POST HELD ON RETIREMENT		3.5 cm	
5.	P.P.O. NUMBER AND DATED / RETIREMENT ORDER (For CPF)			
6.	IDENTIFICATION MARKS			
7.	BLOOD GROUP			
8.	MOBILE NO			
9.	EMAIL ID			
10.	ADDRESS	PIN		

Declaration:

I hereby solemnly declare that all the state	ments made in t	the application	are true,	complete	and
correct to the best of my knowledge and belief.					

Dated:

Signature of the individual