

[See rule 113 (2) (ii)]

FORM OF APPLICATION FOR DISABILITY PENSION

- 1. Name of the applicant and full office address :
- 2. Father's name :
- Full Residential address (showing village, post office, District, State) :
- 4. Present or last employment, including full particulars and address of the establishment. :
- 5. Date of entry in to service :
- 6. Full particulars of service and length of service including interruption (both qualifying and non-qualifying). :
- 7. Percentage of Disability sustained due to Injury/ Disease (as certified by the Medical authorities) and circumstances which resulted in that disability. :
- 8. Pay at the time of injury sustained, disease contracted (as certified by the Medical authorities). :
- 9. Pension claimed :
- 10. Date of injury/disease (as certified by the Medical Authorities). :
- 11. Place of payment :
- 12. Other relevant information, if any :
- 13. *Date of applicant's birth by Christian era :
- 14. Height :
- 15. Identification marks :
- 16. Thumb and finger impressions :

Thumb.....Fore-finger.....Middle finger.....
 Ring-finger.....little-finger.....

Place: _____ Date: _____

Date on which the applicant applied for pension.

Applicant

Head of Office

*If not known exactly, please state on the best information or estimate and according to the best of your knowledge and belief.

Note—Thumb and finger impressions and particulars of height and personal marks are not required to be given by such ladies, Gazetted Officers, Government title-holders and other persons as are specifically exempted, by the Government by special orders in that behalf.