

Central Hospital, South Eastern Railway, GardenReach

Enrolment Form

(Please fill up in BLOCK LETTERS)

Required data for application for smart card for RELHS Card holders registered at CH/GRC

Personal details

Head of the Family:

Father/Husband Name:

Age: yrs Gender: Male/Female

Address 1:

Address 2:

Phone no:

RELHS no:

Designation: Ex

Office:

Station:

PPO No:

Salary Grade:

Basic Salary:

Grade Pay:

Date of Birth:

Date of Joining:

Date of Retirement:

Marks of Identification: 1.

2.

Height (In Cm):

Aadhar Card No (If exists):

Signature of head of the family

(For Office Use only) : Money receipt no:

MR Date:

MEMBER DETAILS

(THIS PAGE SHOULD BE SUBMITTED SEPARATELY FOR EACH DEPENDENT)

NAME OF THE RELHS CARD HOLDER (Employee):

DEPARTMENT:

MEMBER NAME:

GENDER: SEX/FEMALE

AGE:

RELATION:

DATE OF BIRTH:

MARKS OF IDENTIFICATION: 1)

2)

HEIGHT (CM)

AADHAR NO (If exists):

Documents needed

Xerox copy of

1. RELHS CARD

2. SERVICE CERTIFICATE

3. 1ST PAGE & PPO Number containing page of PPO book

4. Bank/post office pension pass book-- (1st page containing a/c no. etc & last 3 months entry)

5. 02 copies of passport size photo of all beneficiaries

Please bring all originals.

Payment of Charges for smart card: Rs 120/- per card (RELHS NO, PPO NO to be mentioned in MR form and head of allocation will be Z- 650)

DECLARATION

I, _____, the undersigned do hereby declare that the
(name of applicant / head of family)

information furnished in the application form for SMART CARD regarding myself and my dependent family members are true in all respects to best of my knowledge and belief. I am liable to be held responsible if any information furnished, is found incorrect in my application form.

Signature of applicant _____ dated _____

Acknowledgment

Received application forms for Employee / head of family 01, Dependent/s _____ on _____
from Sri/Smt....., Designation. for
smart card preparation vide Serial No.

Sign with date & stamp



SOUTH EASTERN RAILWAY
CASH & PAY OFFICE: GARDEN REACH
KOLKATA-700 043

CHALLAN FOR DEPOSIT OF CASH/CHEQUE/DD

Allocation no.: Z 650

Date: _____

Depositor's details in block letters	Particulars of their remittance	Amount	
		Rs.	P.
Name : Design.:Retd. _____, Dept. _____, Stn: _____ RELHS Card No.: P.P.O. No.:	Charge for SMART CARD	120	00

Rupees (in word): One hundred twenty only

FN: Smart_Card_Form_ForWeb

Signature of depositor