CANTEEN SMART CARD APPLICATION FORM

(For retired personnel/ Widow Only)
Please read instructions carefully before filling Application Form (Restricted when completed). To be filled in Original.

Paste your single Passport Size Photo .

Paste your Photo with dependant (Group Photo)

Application Number

Please Paste. Don't Staple.	Pleas	e Paste. Don't Staple.
		Signature of Applicant Sign inside the box. Don't overlap
Name of Applicant. (Please leave blank box for s	space)	
Name of Husband/ (for Widow/ Widower only) Rank/ Designation		
Unit from where re	etired	
Scale of Pay		Rs.
Date of Birth (DD/M	IM/YYYY)	
Date of Joining (DD)/MM/YYYY)	
Date of Retirement	(DD/MM/YYYY)	
Identification Mark		: 1
		2
Gender :		: Male Female
Marital Status :		: Married Divorcee Widow/ Widower
Spouse Name (Please leave blank box for s	space)	
Identification Mark	of Spouse	:
SCPC Thrissur Ph	No.0487232	RECEIPT Application No. RTS 8757
		sum of Rs.2150/-(Deposit Rs.2000/- + card charge Rs.150/-) from for 1 number of Canteen Card applied
Date :		Signature & Stamp of Canteen Authority

Present Address																					
House No. / Name																					
Locality/ Area																					
Post Office																					
District																					
Phone / Mobile No. e-mail ID																					
Dependent Details (Only to be Dependent Details Name (Please leave blank box for spa		n, if a	applyi	ng for	Depe	endan	t Card	ds alo	ng wit	th Nev	w Prim	nary C	Card)								
Relation with Primary Appli	cant			Sc	on			D	aug	hter	-										
Date of Birth (DD/MM/YYYY) Dependent's Signature																					
Identification Mark				J L									l								
					c	FRT	TFT	CAT	<u></u> F												٦
Certified that all information g action including cancellation of					rect 1	to th	e be	est o	f my										ciplir	nary	
Station: Date: Signature of Primary Applicant																					
								SIGN				_									
Certified that applicant is a ret	-	olice	e pei	rsoni	nel a	nd is	ent	itled	for t	he c	ante	en fa	ciliti	es.							
Name of Competent Authority Station:	:																				
Date : Signature & Stamp of Head of Offi										Offic	:e										
Forwarded for personalization	of ca	rds t	o SC		or C		een	Use	Onl	Y 											
Date :										Signature & Stamp of Canteen Authority											
					PA	YME	NT D	ETA:	<u>[LS</u>												
Received with thanks a sum	of R	ا د					froi	m				Р	erso	nal	Nο				for		
number of Canteen Cards a	_		r.										C. 50	· iui							•
										:	Sign	atur	e &	Star	np o	f Ca	ntee	en A	utho	rity	
INSTRUCTIONS 1. Photograph single and jointly with spouse and dependent 2. All photographs to be attested by countersigning authority 3. Only high resolution photographs with be accepted. Computer (inkjet) printouts/ Photostat photos will not be accepted 4. One Passport size photograph each (single/ Joint) to be affixed at given box. 5. Dependents as per existing definition 6. USE BLOCK LETTERS ONLY. Illegible and incomplete documents can be rejected and applicant would be responsible for the same. 7. Use Black color ink to fill up forms. 8. Mode of Payment: By Debit/credit Card (Cost of one card being Rs. 150/-)									ner Ide eaving by Gaze ceased	entity (Certifi etted O husba	Card/licate sofficer.	Pension showing	n Papei g date graph.								