**Main Member Details** (Please tick ☑ applicable field)

1) **Name** *(In CAPITAL letters)*
   (Initial not allowed)

2) **Mobile No.** *(please repeat mobile number)*

3) **GPF** ☐ **PRAN** ☐ **PPO** ☐ **CPF** ☐ **No.**

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<tr>
<th>Sr. No.</th>
<th>Name of Dependent</th>
<th>Gender: Male ☐ Female ☐</th>
<th>Relation</th>
<th>Father ☑ Mother ☑ Spouse ☑ Son ☑ Daughter ☑ Other relation please specify</th>
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DOB/Age Date: ____________ Year: ________ Age Slab: _______________________

- below 45yrs
- 45 to 65 yrs
- above 65yrs

I hereby certify that information provided above is true.

Date: ____________

(Signature of Main Member)

**VERIFICATION OF DDO** (on the basis of the certification of the main member above.)

Name of the DDO: ____________________ Designation: ____________________

DDO Code: ____________

Name of Department: ____________________

Other: ____________________ *(Please specify if DDO Code is not available)*

Date: ____________

(Signature with Seal)

Note: In case the more dependents, please attach additional sheet.