

**CENTRAL POWER RESEARCH INSTITUTE
BANGALORE-560080**

FORMAT FOR ISSUE OF CPRI ECHS CARDS
[To be filled in CAPITAL LETTERS ONLY]

1.	NAME OF THE EMPLOYEE/ PENSIONER	
2.	DESIGNATION	
3.	PAY / LAST PAY DRAWN	
4.	DIVISION	
5.	DETAILS OF BENEFICIARY/IES	Kindly refer Annexure over the leaf
6.	AADHAAR NUMBER	
7.	ADDRESS	
8.	PHONE NUMBER	

DECLARATION

I HEREBY UNDERTAKE TO INTIMATE THE OFFICE AT ONCE IN ANY CHANGE IN THE STATUS OF FAMILY MEMBERS AFFECTING THE ELIGIBILITY CONDITION FOR AVAILING MEDICAL FACILITY UNDER THE SCHEME AND RETURN THE CARDS IN RESPECT OF THEM. I UNDERSTAND THAT NON-COMPLIANCE WEILL LEAD TO DISCIPLINARY ACTION AGAINST ME.

Date :

Signature of the Employee :

Name:

Designation:

Division:

Forwarded by:

(Head of the Division/Section/Lab)

ANNEXURE – DETAILS OF SELF & BENEFICIARY/ IES
[To be filled in CAPITAL Letters only]

Sl. No	NAME OF THE / EMPLOYEE/ PENSIONER / BENEFICIARY	RELATIONSHIP WITH EMPLOYEE/ PENSIONER	DATE OF BIRTH	AGE (Years)	WHETHER RESIDING WITH THE EMPLOYEE/ PENSIONER	WHETHER MARRIED / UNMARRIED	BLOOD GROUP	TWO IDENTIFICATION MARKS OF THE EMPLOYEE / PENSIONER/ BENEFICIARY	AADHAAR NO.	TELEPHONE NO. OF THE EMPLOYEE / PENSIONER
IN CASE OF MARRIED EMPLOYEE / PENSIONER										
01.	NAME OF THE ORGANISATION WHETHER THE SPOUSE / BENEFICIARY IS EMPLOYED									
02.	WHETHER JOINT DECLARATION IS FURNISHED FOR AVAILING MEDICAL FACILITIES UNDER CPRI ECHS SCHEME									