APPLICATION FORM FOR UPGRADATION OF ECHS SMART CARD FOR EXISTING MEMBERS (CARD HOLDERS) (FILL UP ALL DETAILS IN BOLD LETTERS)

1. 2.	Pensioner/Family Pensioner Name :	on/Daughter <u>of</u>		<u></u>
3.	Service No Rank			
4.	Existing Card Regn No			
5.	Force: Army/Navy/Air Force/Coast Guard	d/DSC/SFF (As a	ipplicable)	
6.	Date of Demise of pensioner		(In case of family pe	ensioner only)
7.	Details of member/ dependents :-			
Ser No	Member/ Dependent Name (with address and tele No with STD code if different from existing one)	Relationship	Parent Polyclinic required	Latest Colour Photo(Passport Size) with Red background
	UID No			
	(if available)			
	UID No (if available)			
	UID No (if available)			
	UID No (if available)			
8.	Total cards demanded	9.	Amount (Rupees)	
10.	Payment Details : DD No	_	Date	
	Amount (Rupees)		Bank Name	
11.	(a) Physical Disability (✓)(b) War Disability(✓)Yes		se attach relevant mentary proof	
Date				Signature of Applicant (black ink)

In case any changes required to the existing details please specify eg change of parent polyclinic, change of address and deletion of beneficiary due to death, marriage, over 25 age (son) & employment etc.

Ser No	Changes required	Reason
NO		

- <u>Note</u> :-1. The Cost of upgraded ECHS Cards will be paid @ Rs 135/- per card through DD in favour of dependent Regional Centre ECHS
 - 2. War disabled/Battle casualty disabled veterans will be provided with white cards.
 - 3. The application alongwith DD in favour of dependent Regional Centre may be deposited at Polyclinic/Station HQ/Regional Centre.
 - 4. The new card(s) will be delivered at polyclinic where the forms were deposited.
 - 5. The old cards including add on card (s) will be required for activation of new cards and transfer of data. On successful activation, the old card(s) will automatically be deactivated.
 - 6. The OIC Policlinic on activation of new card will destroy the old card and will render a certificate to this effect to dependent Regional Centre for updating the record. A proper record will be maintained at Policlinic to this effect.
 - 7. Incase of more than four members / dependants use additional sheet of this form.