

DECLARATION FORM FOR ALL TYPES OF PASSES

(For serving employees/pensioner /family pensioner – including widow passes)

To,
DRM(E) _____,
CWM _____,
_____.

My Service particulars of is as under for declaration of passes:

1. Name of Employee/ pensioner / Family Pensioner : _____
2. Designation of Employee / pensioner : _____ Department : _____
3. Basic pay / pension/ family pension : _____
4. Grade pay / level : _____ Pay band /Scale : _____
5. Present/ Last working station : _____ Working under : _____
6. Basic Pension on retirement : _____ Last Basic pay : _____
7. PPO Number : _____ Dated _____
8. Date of Appointment: _____ Date of Retirement : _____
9. Date of death of pensioner (in case of family pensioner) : _____
10. Post retirement pass identity card No: _____ issued by: _____
11. Details of family /dependent members :

Sr. No.	Name	Relation	Date of birth	Identification marks
01				
02				
03				
04				
05				
06				

12. Attached photographs of above family members / dependent members as per pass rules.

13. Address : _____

_____ Pin Code : _____
Contact Number :(M) _____ (LL) _____

UNDERTAKING CERTIFICATE :

I the undersigned is certify that above information is correct as per my best knowledge & any information hides may lies to DAR action.

Yours faithfully,

Signature/thumb impression of Applicant

Name of Applicant (_____)

Encl: 1. PPO 2. Pass identity card 3. Photos 4. Money Receipt for widow pass (whichever applicable)