

HEALTH CARD

PENSIONER ENROLMENT FORM

Employee code [as given by DTA]:											
Tick the one you possess: <input type="checkbox"/> Aadhaar Card Number <input type="checkbox"/> Aadaar Enrolment Receipt Number											
Aadhaar card number [12 digit]:											
Aadhaarenrolment number [28 digit]:											
PERSONAL DETAILS*											
Name [as in Pension Payment Order]:											
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Community: <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> MIN. <input type="checkbox"/> OTHERS				Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Date of Birth [dd-mm-yyyy]:						Date of retirement [dd-mm-yyyy]:					
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No			Disability: <input type="checkbox"/> Orthopaedic <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Mental				Disability Percent:				
RESIDENTIAL ADDRESS											
House Number:			Street:				District:				
Tick one: <input type="checkbox"/> Mandal <input type="checkbox"/> Municipality		Mandal/Municipality Name:					Village/Town/City name:				
Email:						Mobile Number [personal cell]:					

IDENTIFICATION DETAILS

Ration Card Number:
Identification Mark 1*:
Identification Mark 2:

LAST POSTING DETAILS*

Head of the Department:

District of Last Posting:

Today's pay grade of the post last held by the pensioner [write the pay grade of the post last held from the table 1 in www.ehf.gov.in]:

PENSION OFFICE DETAILS*

District [write the district from where you are receiving pension]:

STO/APPO name [write the name of STO/APPO office from where you are receiving your pension currently]:

STO/APPO code [write the DTA Code of STO/APPO office from where you are receiving your pension currently] :

ATTACHMENTS*

SELF

Pension Payment Order: Scan the Pension Payment Order if available

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the Aadhaar enrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.

Disabled Certificate: Scan your disability certificate if you are disabled.

DEPENDENT FAMILY MEMBERS

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the Aadhaar enrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.

DoB Certificate: Scan the Date of birth certificate if the dependent family member is less than 5 years of age.

Disabled Certificate: Scan disability certificate if family member is disabled.

DEPENDENT FAMILY MEMBER DETAILS

Relationship	Name	Sex (tick one)	DoB (dd-mm-yyyy)	AadhaarNumber (tick one and write the number)	Disability																																																
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DECLARATION*

The above information is true to the best of my knowledge. I agree to share my Aadhaar details of self and family with Government of Andhra Pradesh. I am aware that declaration of wrong dependents will entail disciplinary action against me.

Pensioner's signature:

Date: