

Accountant General Pakistan Revenues

(Pensioner Identity Card Form)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ministry/Department/Service Group |  | | | | | | | | | | | | | | | | | | | | | | | | | Clip attested (backside) passport size photograph | | | |
| Personnel No |  | |  | |  | | | |  | | |  | | |  | | | |  | | |  | | | |
| Name of Government Servant |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s /Husband Name |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation of Retirement |  | | | | | | | | | | | | | | | | BPS | | | |  | | | | |
| CNIC No |  |  | |  | |  | | | |  | - | |  | | |  | |  | |  | | |  | |  | |  |  |  |
| Date of Birth (as per service book) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Entry into Govt. Service |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Retirement / Death |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information:(In case of Family pension) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of family pensioner |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status: | Married | | | | | | Single | | | | | | | Widower | | | | | | | | | | Divorced | | | | | |
| Father’s /Husband’s Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relation with Govt: servant |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNIC No of family pensioner | 1 |  | |  | |  | | | |  |  | |  | | |  | |  | |  | | |  | |  | |  |  |  |
| Blood group: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email @gmail.com | | | | | | | | Contact No: | | | | | | | | | | | | | | | | | | | | | |
| Major Illness | | | | | | | | Emergency Contact No: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that the information provided above is correct to the best of my knowledge  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | To be verified by a Gazetted Officer:  Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| Entered By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Checked By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |