RECEIPT FOR DOCUMENTS CUM TEMPORARY RECEIPT CARD EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

1	Received following	44 440 40 404	UE INK ONLY)	
B	anaya 71 to	wards application for man	of CON Rank YAM	Name TACIAN AVIL
	(a) Application for	orm (duly completed (Dupli	cate)	emen Contributory (100
	(b) Photographs	pasted at appropriate place	cate).	
		iginal (duly attested).	es.	
		(where applicable).		
	(e) Photocopy of	PPO/Bankers certificate o	uly attacted by banks	ers/treasury (where applicable).
		service/discharge book/pr		isrueasury (where appropriate
				General [
	Category for Hospitalisation () Private Semi Private General 4. Regiment/Unit - The MARATHA LIRC			
	Address with State and PIN Code- VILL- MANGAON , PO - MANGAON			
*		DIST - PUNE	minarion , ro	= IVALITATION
3.	Moh No 9/12/7	10 FR 1 7 Date of Bird	h 09 JUN 35 8 D	ate of Retirement 3/ Deca
9.	Mob No 9421749685 7. Date of Birth 09 JUN 75 8. Date of Retirement 31 Dec. Parent Polyclinic of Pensioner DUN 6 10 Aadhaar Qard No 4348 9294 2			
	VALID UPTO 3/	NG 2017	TO Addition	
1.16	VALID OF 10 31	dec 2014		Capt/Mar .
Olach	Belgaum		(Stamp with R	AND ASPAR CONFIGER ISSUIT
Date	2 Dec 16		Temporary Re	del Childe Spap Golfiger issuir del Old Reco Smart Cards)
	Dec 10	**		Ma
) - A	(1)
6) £ H
	Boll	The state of the s	olgan	mus
off)				
11/1/		MACOSO		
JAG	STAP ANIL	Name PRATIKSHA	MIRARA	1 1
Name	Macon Jun 75	Truino -		Name
DOB-	TOPOUN 75	THE RESERVE AND ADDRESS OF THE PARTY OF THE	MOOR HOYES (N	* Age of mother & father
000	(Jh)2)	mentioned in service doc
9			101	at the time of enrollment in
		100	988	10
	. 81	All and the second		/
			/	
	SANGRAM	Name SHANTANU	Name	Name
Name		DOB 10 MAY 03	ров	DOB
DOB_	Og MAY OI	DOB		
12.	ACTIVATION BY		WW	laba
Place	XXXXX	Signatu Signatu	ure	Dates
	1/3/	(Stamp	with Rank, Name	opp, OIC Parent Polyclinic)
0-4	BILLAY	124	OfCI	CHS Polyclinic Pune-40
Date: Notes	1 This signal mo	phis required to be returned	ed at the time of collect	tion of Smart Card (S) receipt will
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the dealers of the	this will be filed along with o	original Application Fol	m.
	2. No Smart Card	will be issued if this receipt	after checking the app	lication Form for handing over
	3. Records office of the the individual if the	e ECHS card is not ready pr	rior to his retirement.	nouser Form for handing over
	4 The Original Re	eceipt is valid up to a max	imum of ONE YEAR	from the date of issue.
	5. Obsn/Complain	ts pertaining to Temporary F	Receipt(s) must be bro	ought to issuing authority within
	07 days of receipt of	the Card (s). sidered activated only after	er signature of OIC P	arent Polyelinie
	6. Slip will be con	activated only arte		arent relycline.
	ion Payment Order N	lo (PPO NO)		
(attac	ch photocopy)			16
Date:	Dec 2016			7 demists
Date:	Dec 2016		(Signatu	re of ESM/ Family Pensioner)

DOV

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