

AUTO GENERATED

Registration No : 0002532698

**RECEIPT FOR DOCUMENTS CUM TEMPORARY RECEIPT EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
TEMPORARY SLIP TO BE ACTIVATED ONLY AFTER (31 May 2024)**

1. Received documents from No JC331705MRank Sub MajName CHAVAN ASHOK SOMINATH towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS) :-
2. Pension Payment Order No (PPO No) (Attach photocopy)
3. Category of Ward Semi-Private
4. Force Type: Army 5. Regiment/Unit: HQ CE (NAVY) MUMBAI-05
- Permanent Address with State and Pin Code: VILL-GADANA, POST-GADANA, KHULTABAD, Aurangabad, Maharashtra, 431101 Current Address with State and Pin Code: PLOT 3 LANE-3, SVY NO-302/2, SAI SAMRIDHI PARK, POST-LOHEGAON, HAVELI, Pune, Maharashtra, 411047
6. Mobile No: 9168204972 8. DOB: 07 May 1973 9. Date of Retirement: 31 May 2024
10. Parent Polyclinic of Pensioner Pune, MRO No. (if applicable)
11. Card Charges @ Rs. 177/- paid Rs. : 1041 vide Transaction ID : 19910854498
12. Valid Upto : _____

Primary Beneficiary



Name : CHAVAN ASHOK SOMINATH
DOB : 07 May 1973

Father



Name : SOMINATH DADA CHAVAN
DOB : 14 Oct 1950

Mother



Name : TARABAI SOMINATH CHAVAN
DOB : 01 Jan 1948

Spouse



Name : SAVITA ASHOK CHAVAN
DOB : 15 Feb 1983

Son



Name : SANKET ASHOK CHAVAN
DOB : 28 Mar 2002

Son



Name : ANIKET ASHOK CHAVAN
DOB : 13 Jan 2006

13. ACTIVATION BY

Place: _____
Date: _____

Signature _____
(Stamp with Rank, Name & Appointment, OIC Parent Polyclinic)

Notes :-

1. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be filed along with the original Application Form.
2. No Smart Card will be issued if this receipt in original is not produced and final verification by Central Org ECHS.
3. Record Office will retain this receipt after checking the Application Form till retirement of the individual
4. Stoppage of FMA and deposition of contribution (MRO) as applicable to be ensured prior to issue of this receipt to pre 01 Apr 2003 retirees by Regional Centre ECHS.
5. This receipt will be issued only on verification of original PPO and discharge book for old retirees who are not in possession of old Cards.
6. The Original Receipt is valid up to a maximum of SIX MONTHS from the date of issue.
7. Slip will be considered activated only after signatures of OIC Parent Polyclinic.
8. Aadhar verification to be ensured by Polyclinics.
9. Old cards/ temp receipts will be returned.

Date: 17 May 2024

Signature of ESM / Family Pensioner



ESM Photo

Name	ESM Service Number	ESM Demise Date
CHAVAN ASHOK SOMINATH	JC-331705-M	
ESM Gender	ESM Date of Commission/Enrollment	ESM Date of Retirement/Discharge
Male	28 Dec 1993	31 May 2024
ESM Service	ESM Category	ESM Rank
Army	JCO & Equivalent	Sub Maj
ESM Record Office	ESM PPO No	ESM Type of Pension
Bengal Engr Gp, Roorkee		Service Pension
		ESM Unit
		HQ CE (NAVY)
		MUMBAI-05

Primary Beneficiaries Signature

Disability	ESM Ailment %age	Monthly Income
NA	0	0
PAN No	Land Line No	Marital Status
AGLPC0003E		Married
Enter Primary beneficiary Drug Allergies		Blood Group
Not Known		B+ve

Bank Account No	IFSC Code	Bank/Treasury Name	Bank/Treasury Address
30336621978	SBIN0061474	SBI	SBI, PUNE-47
Regional Centre		Parent Polyclinic	Station HQ
Pune		Pune	Pune

Primary Beneficiaries Permanant Address

PLOT 3 LANE-3, SVY NO-302/2, SAI SAMRJDHI PARK , POST-LOHEGAON

State	District	Tehsil	Pin Code
Maharashtra	Pune	HAVELI	411047

Primary Beneficiaries Postal Address

PLOT 3 LANE-3, SVY NO-302/2, SAI SAMRJDHI PARK , POST-LOHEGAON

State	District	Tehsil	Pin Code
Maharashtra	Pune	HAVELI	411047

Dependant (Father):

Dependent Photo	Dependant Name	Relation	Disability Details	Dependent Sign
	SOMINATH DADA CHAVAN	Father	NA	
Dependant Gender	Dependant Blood Group	Dependant PAN Number	Dependant Mobile No	
Male	B+ve	BQIPC0784Q	9168204972	
Drug allergies				
Not Known				

Dependant (Mother):

Dependent Photo	Dependant Name	Relation	Disability Details	Dependent Sign
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TARABAI SOMINATH
CHAVAN

Mother

NA



Dependant Gender

Female

Drug allergies

Not Known

Dependant Blood Group

B+ve

Dependant PAN Number

Not Available

Dependant Mobile No

9168204972

Dependant (Spouse):

Dependant Photo **Dependant Name**



SAVITA ASHOK
CHAVAN

Relation

Spouse

Disability Details

NA

Dependent Sign



Dependant Gender

Female

Drug allergies

Not Known

Dependant Blood Group

A+ve

Dependant PAN Number

APCPC4243E

Dependant Mobile No

9168204972

Dependant (Son):

Dependant Photo **Dependant Name**



SANKET ASHOK
CHAVAN

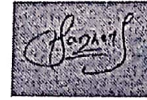
Relation

Son

Disability Details

NA

Dependent Sign



Dependant Gender

Male

Drug allergies

Not Known

Dependant Blood Group

B+ve

Dependant PAN Number

CHGPC7697L

Dependant Mobile No

9168204972

Dependant (Son):

Dependant Photo **Dependant Name**



ANIKET ASHOK
CHAVAN

Relation

Son

Disability Details

NA

Dependent Sign



Dependant Gender

Male

Drug allergies

Not Known

Dependant Blood Group

A+ve

Dependant PAN Number

DCTPC1165A

Dependant Mobile No

9168204972

Application Status :

Date Time **Status**

2024-05-14 10:05:49 Email Id Verified

2024-05-14 10:10:04 Mobile Number Verified

2024-05-14 19:18:24 Details Updated

2024-05-14 19:25:16 Details Updated

2024-05-14 19:29:17 Details Updated

2024-05-17 12:29:06 Details Updated

2024-05-17 12:32:36 Details Updated

2024-05-17 12:32:59 Payment Initiated

2024-05-17 12:34:31 Payment Received Successfully

2024-05-17 12:34:31 Awaiting Verification/response/document from Record Office

Remarks

Details Saved Successfully

Details Saved Successfully

Details Saved Successfully

Details Saved Successfully

Details Saved Successfully

success

Login=9168204972

Pass=Kesh@1234

Chav@1234



ESM Photo	ESM Service Number	ESM Demise Date
Name CHAVAN ASHOK SOMINATH	JC-331705-M	
ESM Gender	ESM Date of Commission/Enrollment	ESM Date of Retirement/Discharge
Male	28 Dec 1993	31 May 2024
ESM Service	ESM Category	ESM Rank
Army	JCO & Equivalent	Sub Maj
ESM Record Office	ESM PPO No	
Bengal Engr Gp, Roorkee		
		ESM Type of Pension Service Pension
		ESM Unit HQ CE (NAVY) MUMBAI-05

Primary Beneficiaries Signature	ESM Ailment %age	Monthly Income
Disability NA	0	0
PAN No AGLPC0003E	Marital Status Married	Blood Group B+ve
Land Line No		
Enter Primary beneficiary Drug Allergies Not Known	Bank/Treasury Name SBI	Bank/Treasury Address SBI, PUNE-47
Bank Account No 30336621978	Parent Polyclinic Pune	Station HQ Pune
IFSC Code SBIN0061474		
Regional Centre Pune		
Primary Beneficiaries Permanant Address VILL-GADANA, POST-GADANA	Tehsil KHULTABAD	Pin Code 431101
State Maharashtra		
District Aurangabad		
Primary Beneficiaries Postal Address PLOT 3 LANE-3, SVY NO-302/2, SAI SAMRJDHI PARK , POST-LOHEGAON	Tehsil HAVELI	Pin Code 411047
State Maharashtra		
District Pune		

Dependant (Father):

Dependent Photo	Dependant Name	Relation	Disability Details	Dependent Sign
	SOMINATH DADA CHAVAN	Father	NA	
Dependant Gender		Dependant Blood Group	Dependant PAN Number	Dependant Mobile No
Male		B+ve	BQIPC0784Q	9168204972
Drug allergies				
Not Known				

Dependant (Mother):

Dependent Photo	Dependant Name	Relation	Disability Details	Dependent Sign
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