

**APPLICATION FORM FOR UPGRADATION OF ECHS SMART CARD
FOR EXISTING MEMBERS (CARD HOLDERS)
(FILL UP ALL DETAILS IN CAPITAL LETTERS)**

1. Pensioner/Family Pensioner Name : _____
2. Relationship: Self/Spouse/Father/ Mother/Son/Daughter **of** _____
3. Service No _____ Rank _____ Name _____
4. Existing Card Regn No _____
5. Force: Army/Navy/Air Force/Coast Guard/DSC/SFF (As applicable)
6. Date of Demise of pensioner _____ (In case of family pensioner only)
7. Details of member/ dependents :-

Ser No	Member/ Dependent Name (with address and tele No with STD code if different from existing one)	Relationship	Parent Polyclinic required	Latest Colour Photo(Passport Size) with Red background
	UID No (if available)			
	UID No (if available)			
	UID No (if available)			
	UID No (if available)			

8. Total cards demanded 9. Amount (Rupees)

10. Payment Details : DD No Date

Amount (Rupees) Bank Name

11. (a) Physical/Mental Disability (✓) Yes No } Please attach relevant documentary proof

(b) War Disability (✓) Yes No

Date

Signature of Applicant
(black ink)

Applicants to retain photocopy of this form duly receipted by polyclinic/Stn HQ/Regional Centre.

In case any changes required to the existing details please specify eg change of parent polyclinic, change of address and deletion of beneficiary due to death, marriage, over 25 age(son) & employment etc.

Ser No	Change of required	Reason

Note:-1 The Cost upgraded ECHS Cards will be paid @135 per card through DD/Postal Order in favour of dependent Regional Centre ECHS.

2. One copy of old card to be attached.
3. Two Photostat copies of filled form to be attached.
4. One set of photograph to be pasted and one set photographs are to be enclosed with application.
5. If address is being changed then address proof is required, In case of any other correction reqd then proof required accordingly.
6. If any deletion is reqd then clearly mention the same on the Form with reason.
7. The new card(s) will be delivered at Regional Centre, where the forms were deposited.
8. If change in rank is required, submit proof for grant of new rank alongwith the application form.
9. Application to be filled in CAPITAL letters and not running letters and spellings of name should be as per old card.
10. If any addition of dependent members is reqd then fill up five pages application form for issue of new card for dependent.
11. Write down Service No with prefix/surffix as applicable, Rank, Name & Mob No/Tele No on back side DD/Postal Order.
12. In case applying for Family Pensioner card then mention dt of demise of ESM/Primary Member. Attested copy of death certificate to be attached.