HEALTH CARD
PENSIONER ENROLMENT FORM

Employee code [as given by DTA]:

Tick the one you possess: ❑Aadhaar Card Number ❑Aadaar Enrolment Receipt Number

Aadhaar card number [12 digit]:

Aadhaarenrolment number [28 digit]:

PERSONAL DETAILS*

Name [as in Pension Payment Order]:		
Sex: ❑Male ❑Female	Community: ❑ SC ❑ ST ❑ BC ❑ MIN. ❑ OTHERS	Marital status: ❑ Single❑Married❑Divorced❑ Widowed
Date of Birth [dd-mm-yyyy]:	Date of retirement[dd-mm-yyyy]:	
Disabled? ❑ Yes ❑ No	Disability: ❑ Orthopaedic ❑Visual ❑Hearing ❑Mental	Disability Percent:

RESIDENTIAL ADDRESS

House Number:	Street:	District:
Tick one: ❑Mandal❑Muncipality	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:

Todayspaygrade of the post last held by the pensioner [write the paygrade 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
		❑M ❑F		❑Aadhaar No ❑ Enrolment No	❑ Ortho ❑Blind ❑Hearing ❑Mental Percent:
		❑M ❑F		❑Aadhaar No ❑ Enrolment No	❑ Ortho ❑Blind ❑Hearing ❑Mental Percent:
		❑M ❑F		❑Aadhaar No ❑ Enrolment No	❑ Ortho ❑Blind ❑Hearing ❑Mental Percent:
		❑M ❑F		❑Aadhaar No ❑ Enrolment No	❑ Ortho ❑Blind ❑Hearing ❑Mental Percent:

				Aadhaar No	Ortho ☐ Blind ☐ Hearing ☐ Mental ☐ Percent:
		☐M ☐F		☐Aadhaar No ☐ Enrolment No	☐ Ortho ☐Blind ☐Hearing ☐Mental Percent:
		☐M ☐F		☐Aadhaar No ☐ Enrolment No	☐ Ortho ☐Blind ☐Hearing ☐Mental Percent:

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:*