

**FORM A**  
FORM OF APPLICATION FOR DISABILITY PENSION

1. Name of the applicant and full Office address

2. Father's name

3. Full Residential address (showing village, Post Office, District, State)

4. Present or last employment, including full particulars and address of the Establishment

5. Date of entry into service

6. Full particulars of service and length of service, including interruption (both qualifying and non-qualifying)

7. Percentage of Disability sustained due to Injury / Disease (as certified by the Medical authorities) and circumstances which resulted in that disability

8. Pay at the time of injury sustained, disease contracted (as certified by the Medical Authorities)

9. Pension claimed

10. Date of injury/disease (as certified by the Medical Authorities)

11. Place of Payment

12. Other relevant information, if any

13. \*Date of applicant's birth by Christian era

14. Height

15. Identification Marks

16. Thumb and finger impression :

Thumb.....Fore-finger.....

Middle finger.....

Ring-finger.....Little-finger.....

Place \_\_\_\_\_

Date \_\_\_\_\_

Date on which the \_\_\_\_\_

applicant

\_\_\_\_\_  
Applicant

applied for pension:

\_\_\_\_\_  
Head of Office

\* If not known exactly, please state on the best information or estimate and according to the best of your knowledge and belief.

NOTE. - Thumb and finger impressions and particulars of height and personal marks are not required to be given by such ladies, Gazetted Officers, Government title-holders and other persons as are specifically exempted, by the Government by special orders in that behalf.