

केन्द्रीय भण्डारण निगम

(भारत सरकार का उपक्रम)







जन जन के लिए भण्डारण - WAREHOUSING FOR EVERY ONE

No. CWC/I-Card/Ex-Employees/Admn./2017

Dated: 27.09.2017

CIRCULAR

With the approval of Competent authority, it has been decided to issue photo identify card to the officers/officials and their spouse who have retired/superannuated from the services of Central Warehousing Corporation(A. Govt. of India Undertaking) from its Corporate Office, New Delhi. Desirous officers/ officials may apply for the same in the prescribed format (attached).

Encl: As above.

(Kali Charan) Executive Engineer(Admn.) CWC, CO, New Delhi

Distribution

All HoDs at Corporate Office.

2. Sr. PA to Chairman /PPS to MD/AM to Director (Fin)/ SAM to Director (Pers.)/PS to Director (M&CP) CWC, Corporate office, New Delhi.

3. MIS Division-with the request to upload the circular alongwith the application format in CWC website.

C.O.: 4/1, Siri Institutional Area, August Kranti Marg, Hauz Khas, New Delhi-110016. Tel. 011-26566107 E-mail: warehouse@nic.in, Web: www.cewacor.nic.in



केन्द्रीय भण्डारण निगम

(भारत सरकार का उपक्रम)





CENTRAL WAREHOUSING CORPORATION (A GOVT OF INDIA UNDERTAKING)

जन ज़ंन के लिए भण्डारण - WAREHOUSING LOREVERY ONE

Application form for CWC Retired Employees Identity Card

Details of the Retired Employee (Please fill in all details in BLOCK CAPITAL Letters)

(Note: Please enclose copy of any one Valid Identity proof (Aadhar / E Aadhar, Passport, Voter's Identity Card, Driving Licence, Policy bond paper of public life insurance companies or any other valid ID proof of self as well as spouse wherein name of spouse is indicated).

Name:			
Post held on retire	ment		
Date of Retiremen		Photo of Retired Employee	
Aadhar No			
Date of Birth	Blood Group		
Identification Mark			
1	S		
	Tel No.	Signature of retired employee within the block	
•	Details of the Spouse		
Name :			
•	Blood Group	Photo of the spouse	
Aadhar No. (if avai	lable)		
	Declaration		
I hereby declare that all the information furnished in the Application Form is true to the best of my			
knowledge.			
Place	** 4		
Date:	1	Signature of the retired employee	
!	For Office Use only		
	No Date Validity		
Verified by	Issued by.		