



PENSIONER ID Creation - Request Form



APTRANSCO

(Fields marked with * are Mandatory)

Name of the Pensioner (OR) Family Pensioner :-

1) Title : Mr. or Miss. : *	
2) FIRST NAME *	
LAST NAME (SURNAME) *	
3) Type of Pensioner (Tick <input checked="" type="checkbox"/> which ever applicable)	Service Pensioner / Family Pensioner / Dependent Pensioner
4) Pensioner Group (Tick <input checked="" type="checkbox"/> which ever applicable)	APTRANSCO (after 01.02.1999) / APSEB (before 01.02.1999)
5) Pensioner Sub-Group (Tick <input checked="" type="checkbox"/> which ever applicable)	SuperAnnuation / VRS(Voluntary) / CRS (Compulsury)
6) DATE of BIRTH : (dd.mm.yyyy) *	
7) DATE of JOINING as Pensioner * or Family Pensioner (dd.mm.yyyy)	

Additional Data :-

GENDER (M/F) * :		HEIGHT (in feet) * :	
WEIGHT (in Kgs) * :		BLOOD GROUP * :	
Physically Challenged (PH) * :	YES / NO	If YES , Indicate Type & % of PH	
Place of Birth * :		NATIONALITY * :	
CASTE * : (OC/BC-A/.../SC/ST)		SUB-CASTE * :	
RELIGION * : (Hindu/Muslim...)		Native Dist * :	
Marital Status * :		Marriage Date * :	
No.of.Children :			

Dependent Details :	Name of the Dependent	Relation	DOB (dd.mm.yyyy)	Remarks(if Any)

Address Details:

PERMANENT ADDRESS :-

ADDRESS * :			
City * :	District * :	State * :	
Country*:	PIN * :		

PRESENT (TEMPORARY) ADDRESS :-

ADDRESS * :			
City * :	District * :	State * :	
Country*:	PIN * :		

COMMUNICATION Details:

CELL No -1 * :		CELL No - 2 :	
Personal Mail ID * :		Official Mail ID :	
Residence Phone No :		Office Phone No :	

PERSONAL IDs :

PAN No * :		AADHAR No * :	
Pass Port No :		Driving License No :	
PPO No (for Pensioner) :			

PAY Details :-

Basic Pension* :		Commutation Value in Rs. * :	
Addl. Quantum of Pension : (if)		Alternative Scheme Amount :	
Additional Allowances (if any) :		PAY Unit Code & NAME :	

BANK Details :-

A/c HOLDER NAME : *		ACCOUNT NO: *	
BANK NAME: *		IFSC CODE : *	
BANK Address:			

Declaration: It is certified that the information furnished above is true & correct to the best of my/our knowledge & belief

PENSIONER / FAMILY PENSIONER Declaration	AP TRANSCO DEPARTMENTAL ATTESTATION
Signature :	Signature :
Name :	Name :
Place:	Designation:
Date:	Phone No:
	Place:
	Date:
	(Departmental Stamp)

For new PENSIONER ID creation in SAP ERP, Please send the request at hcmone@aptransco.gov.in