

MORMUGAO PORT TRUST FINANCE DEPARTMENT

FORM J- A APPLICATION FOR FAMILY PENSION

vide Reg.75(i)

			(Design)		in the	
		Department of the Mormugao Port Trust.				
1.	Nam	e of the applicant	:			
2.	Rela	tionship to the deceased				
	emp	loyee/pensioner	:			
3.	Date	of Retirement, if the deceas	sed			
	was	a pensioner	:			
4.	Date	of death of the employee				
	/pen	nsioner	:			
5.	Names and ages of surviving children of					
	the c	leceased	:			
	Nar	ne			te of birth hristian Era)	
Wido	w/Wid	ower :				
Son		:				
Unm	arried	daughter :				
б.	Name	e of treasury/such treasury at				
	which payment is desired					
7.	Signature or left hand thumb impression (in case of those who are not					
	literate enough to sign their names)					
8.		Descriptive roll of Widow / Widower / guardian of the minor children of late				
		D				
	(iii) Personal marks, if any, on hand or face :(iv) Left hand thumb and finger impression :					
		Small Ring finger finger	Middle finger	Index finger	Thumb finger	
		iniger iniger	inigei	miger	miger	
9	Full address of the applicant :					
	Attested by (Any Gazette Officer) :			Witness		
	(i)			(ii)		