

Dependant I Card No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

**APPLICATION-CUM-RECORD CARD FOR DEPENDANTS OF  
SERVING/RETIRED COAST GUARD UNIFORM PERSONNEL  
IDENTITY CARD**

(To be filled in capital letters)

1. Name : \_\_\_\_\_ Rank : \_\_\_\_\_ No. \_\_\_\_\_
2. Unit: \_\_\_\_\_ Date of Joining unit: \_\_\_\_\_ Date of Release: \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
4. Local Address: \_\_\_\_\_  
\_\_\_\_\_
5. Dependant details:

1.	Name			
2.	Sex			
3.	DOB			
4.	Relationship			
5.	Identification Marks			
6.	Signature			
7.	Left thumb Impression			
8.	Stamp size Photograph			

I hereby declare that the particulars given above are true to the best of my knowledge. I undertake the Identity Card when the above relative ceases to be dependant on me. I shall be liable to disciplinary action if the same are found false/incorrect at any stage. I also declare that I am not holding any dependant identity card of the above mentioned persons issued by Coast Guard /Naval authority.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Signature of applicant \_\_\_\_\_

**II  
COUNTERSIGNED**

I have personally explained to the SO/EP, the consequence of false declaration.

Place : \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Officer-in-Charge

PTO

**Note :**

1. One combined photograph and one stamp size photograph in case of spouse or two in Nos stamp size photographs in case of other dependant are to be attached with this form.
3. Application is to be signed only by the Commanding Officer/Officer-in-Charge and forwarded directly to the COMDIS-2 for issue of Dependant Identity Cards under intimation to this office.
4. Identity cards are to be collected from DHQ-2 while reporting at Bureau for release formalities.