

## Canteen Stores Department



### **EXCLUSIVE SHOP**

APPLICATION FORM

PERSONAL DETAILS (CAPITAL LETTERS ONLY)							
NAME OF THE APPLICANT							
Personal Number	Rank	Attacked Description					
Arms/Service/Department	Unit/Organization	Attested Passport size Photo in Uniform for defence personnel					
Date of Birth	Date of Retirement in Present Rank (Incl LPR Period)	& Spouse					
NAME OF THE SPOUSE		Mobile No					
Previously Any Exclusive Card is with detail info.	ssued (Yes/No). If yes, then specify the rea	ason for new application					
A 11 01 1							
Applicant's Signature	NDATION – UNIT CO/OC/DEPARTMENT	Date					
Rank and Name							
FOR OFFICIAL USE ONLY	FORM ISSUE	APPROVAL					
Application No D	Oate CSD Membership No						
Authorized Signature	Seal	Card Delivery Date					
Card Section Card	Section Paid Not Paid						
	APPLICANTS COPY						
Application No D		Authorized Signature Canteen Stores Department					









### **EXCLUSIVE CARD FOR CIVIL PERSONNEL** (PAID OUT OF DEFENSE BUDGET) APPLICATION FORM

Anx 'B'

PERSONAL DETAILS (CAPITAL LETTERS ONLY)					
NAME OF THE APPLICANT					
Personal Number	Rank				
		Attested			
Department	Unit/Organization	Passport size Photo of Applicant			
		& Spouse			
Date of Birth					
	Date of Retirement (Date of SOD)	Mobile Number			
Name of the Spouse					
Card Fee Payment Mode (By	/ Cash/Bank Transfer)				
		Date:			
A	_	Date.			
Applicant's Signature	IENDATION UNIT CO/CO/DEDADTMENT	AL LIEAD			
RECOMIN	IENDATION - UNIT CO/OC/DEPARTMENT	AL HEAD			
Rank and Name					
Unit/Department	Formation/Organization	— Signature & Seal			
·	v	<b>G</b>			
	FOR OFFICIAL USE ONLY				
Application No	Date CSD Membership No				
		Card Delivery Date			
Authorized Signature					
Card Section	Paid Not Paid				
Application No	Date				
Card Delivery	Date	Authorized Signature Canteen Stores Department			



## **Canteen Stores Department**



# EXCLUSIVE CARD FOR CIVIL PERSONNEL (NON PAID OUT OF DEFENSE BUDGET) APPLICATION FORM

PERSONAL DETAILS (CAPITAL LETTERS ONLY)							
NAME OF THE APPLICANT							
Personal Number		Rank	<b>&lt;</b>	Attested			
Department	Unit/Organizati	on		Passport size Photo of Applicant & Spouse			
Date of Birth	Date of Retireme	ent (Date of SC	DD)	Mobile Number			
Name of the Spouse							
Card Fee Payment Mode (By	Cash/Bank Transfer)						
Annlicant's Signatura	-			Date:			
Applicant's Signature  RECOMMENDATION - UNIT CO/OC/DEPARTMENTAL HEAD							
Rank and Name							
Unit/Department	Formation/Org	anization ——		Signature & Seal			
FOR OFFICIAL USE ONLY							
Application No	Date	CSD Members	ship No				
Authorized Signature				Card Delivery Date			
Card Section	Pai	id N	lot Paid				
	APPLICAN	TS COPY					
Application No Card Delivery	Date Date		— Car	Authorized Signature			



### **Canteen Stores Department**



cspf - 209

**Spouse** 

#### **EXCLUSIVE SHOP**

APPLICATION FORM
FOR FAMILY CARD HOLDER

### FAMILY CARD HOLDER DETAILS (CAPITAL LETTERS ONLY)

NAME OF THE APPLICANT	(FAMILY CARD HC	LDER)						
MEMBER C	ARD HOLDER DE	TAILS (CAPITAL	LETTERS C	NLY)				
NAME OF MEMBER CARD I	HOLDER							
Personal Number	Rank							
Arms/Service/Department	Unit/Organiz	ation		Attested Passport size Photo in Uniform for				
Date of Birth		rement in Present LPR Period)	Rank	defence personnel & Spouse				
				Mobile No				
Previously Any Exclusive Ca with detail info	rd issued (Yes/No)	. If yes, then spec	cify the reas	on for new application				
Applicant's Signature	_			Date				
RECOMI	MENDATION – UNI	T CO/OC/DEPAR	TMENT HEA	AD				
Rank and Name								
Unit/Department	Sig	nature & Seal						
FOR OFFICIAL USE ONLY	FORM	ISSUE		APPROVAL				
Application No	Date	CSD Membersh	nip No					
			Ca	rd Delivery Date				
Authorized Signature	Seal							
Card Section Ca	ard Section Pa	id Not I	Paid					
APPLICANTS COPY								
Application No  Card Delivery	Date Date			outhorized Signature				
·				en Stores Department				