



CENTRAL POLLUTION CONTROL BOARD
[Ministry of Environment, Forest & Climate Change]
Parivesh Bhawan, East Arjun Nagar
Delhi – 110 032.

**APPLICATION FOR AVAILING CSMA FACILITY
AFTER SUPERANNUATION**

- 1. CPCB Employee Number : CPCB
- 2. Name of the Applicant :
- 3. Category : Pensioners Others
- 4. Name of Department : CENTRAL POLLUTION CONTROL BOARD
- 5. Pay and the Pay Matrix (Level & Cell) :
- 6. Residential Address :
.....
.....
.....
- 7. Telephone No. (R) :
(Mob) :
- 8. Email ID :
- 9. Date of Superannuation :
- 10. Detail of Family (as per approved dependants' family)

S.No.	Name of Family Member	Relationship to CSMA Card Holder	Date of Birth (Compulsory)	Blood Group (Optional)

11. Are all the persons whose names are : Yes / No
given above are dependent upon you
are residing with you :

Photo	Photo	Photo	Photo	Photo
S.No. Name	S.No. Name	S.No. Name	S.No. Name	S.No. Name

I undertake to intimate to CPCB immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CPCB comes to know of the change, then the CSMA facility is liable to be withdrawn by the CPCB and the CPCB and / or Appropriate Authority will be free to initiate any action against me.

I undertake to surrender the CSMA Card on ceasing to be eligible for CSMA benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

**A Cheque No. dated drawn on
..... (name of bank) for Rs.....
(Rupees towards CSMA contribution is
attached, in favour of CENTRAL POLLUTION CONTROL BOARD for further
necessary action.**

(Signature of Applicant)

Name:.....

Designation

CP No. :

Mob. No.....

Alternate No.

Date :.....

Place: