OLD AGE GRANT CONTROL REGISTER (OGCR)

Regional Office: _____

1. CLAIM NO. | | | | | | | | | |
2. NAME _____
3. ADDRESS _____
4. FATHER'S/HUSBAND'S NAME _____
5. CNIC NO | | | | | | | | | | | | | |
6. EOB No | | | | | | | | | | | | |
7. GENDER CODE | |
8. DATE/ YEAR OF BIRTH | | | | | | | | | | |
9. EMPLOYER'S REGN NO. | | | | | | | | | | | | | |
10. DATE OF JOINING EOB SCHEME | | | | | | | | | |
11. DATE OF RETIREMENT/ LEAVING SERVICE | | | | | | | | | | |
12. DATE OF AWARD OF OAG | | | | | | | | | | | AMOUNT | | | | | |
13. AUTHORIZED BANK BRANCH CODE | | | | |
14. DATE OF ISSUE OF PPO | | | | | | | | | | |
15. PPO NO. | | | | | | | |
16. Claim Processed by _____.
17. Claim Approved by _____.