



Canteen Stores Department

EXCLUSIVE SHOP

APPLICATION FORM



PERSONAL DETAILS (CAPITAL LETTERS ONLY)

NAME OF THE APPLICANT

Personal Number

Rank

Arms/Service/Department

Unit/Organization

Date of Birth

Date of Retirement in Present Rank
(Incl LPR Period)

Attested Passport
size Photo in
Uniform for
defence personnel
&
Spouse

Mobile No

NAME OF THE SPOUSE

Previously Any Exclusive Card issued (Yes/No). If yes, then specify the reason for new application with detail info. -----

Applicant's Signature

Date

RECOMMENDATION – UNIT CO/OC/DEPARTMENT HEAD

Rank and Name _____

Unit/Department _____ Formation/Organization _____ Signature & Seal _____

FOR OFFICIAL USE ONLY

FORM ISSUE

APPROVAL

Application No Date CSD Membership No

Authorized Signature

Seal

Card Delivery Date

Card Section

Card Section

Paid

Not Paid

APPLICANTS COPY

Application No Date

Card Delivery Date

Authorized Signature
Canteen Stores Department



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

Department

Unit/Organization

Attested
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:

Applicant's Signature

RECOMMENDATION - UNIT CO/OC/DEPARTMENTAL HEAD

Rank and Name _____

Unit/Department _____ Formation/Organization _____ Signature & Seal _____

FOR OFFICIAL USE ONLY

Application No Date CSD Membership No

Authorized Signature

Card Delivery Date

Card Section

Paid

Not Paid

APPLICANTS COPY

Application No Date
Card Delivery Date

Authorized Signature
Canteen Stores Department



Canteen Stores Department



Anx 'B'

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

Department

Unit/Organization

Attested
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:

Applicant's Signature

RECOMMENDATION - UNIT CO/OC/DEPARTMENTAL HEAD

Rank and Name _____

Unit/Department _____ Formation/Organization _____ Signature & Seal _____

FOR OFFICIAL USE ONLY

Application No

Date

CSD Membership No

Authorized Signature

Card Delivery Date

Card Section

Paid

Not Paid

APPLICANTS COPY

Application No

Date

Card Delivery Date

Authorized Signature
Canteen Stores Department



Canteen Stores Department

EXCLUSIVE SHOP

APPLICATION FORM

FOR FAMILY CARD HOLDER



Spouse

CSD - 209

FAMILY CARD HOLDER DETAILS (CAPITAL LETTERS ONLY)

NAME OF THE APPLICANT (FAMILY CARD HOLDER)

MEMBER CARD HOLDER DETAILS (CAPITAL LETTERS ONLY)

NAME OF MEMBER CARD HOLDER

Personal Number

Rank

Arms/Service/Department

Unit/Organization

Date of Birth

Date of Retirement in Present Rank
(Incl LPR Period)

Attested Passport size Photo in Uniform for defence personnel & Spouse

Mobile No

Previously Any Exclusive Card issued (Yes/No). If yes, then specify the reason for new application with detail info. -----

Applicant's Signature

Date

RECOMMENDATION – UNIT CO/OC/DEPARTMENT HEAD

Rank and Name _____

Unit/Department _____ Formation/Organization _____ Signature & Seal _____

FOR OFFICIAL USE ONLY

FORM ISSUE

APPROVAL

Application No Date CSD Membership No

Authorized Signature

Seal

Card Delivery Date

Card Section

Card Section

Paid

Not Paid

APPLICANTS COPY

Application No Date

Card Delivery Date

Authorized Signature
Canteen Stores Department