Canteen Stores Department

CSDF - 202

**EXCLUSIVE SHOP**

APPLICATION FORM

**PERSONAL DETAILS (CAPITAL LETTERS ONLY)**

NAME OF THE APPLICANT

MD. MOSTAFIAZUR RAHMAN

Personal Number Rank

Attested Passport size Photo in Uniform for defence personnel

&

Spouse

AB (Lance Corporal)

20130131

Arms/Service/Department Unit/Organization

CGHQ

BANGLADESH NAVY

Date of Birth Date of Retirement in Present Rank

15 04 1994

(Incl LPR Period)

31 12 2023

Mobile No

NAME OF THE SPOUSE

01816213123

MRS. SHAFIA BEGUM

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

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

Card Delivery Date

Authorized Signature Seal

IT Section Card Section Paid Not Paid

**APPLICANTS COPY**

Application No Date

Card Delivery Date Authorized Signature

Canteen Stores Department