

UNIVERSITY OF DELHI

DELHI-110007



New Administrative Block, Telephone No 011-27667725/1168

**IDENTITY CARD REQUESTED FOR TO AVAIL DIRECT PAYMENT
FACILITY IN THE APPROVED HOSPITALS
(WRITE THE INFORMATION IN CAPITAL LETTERS ONLY)**

KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY

1. NAME OF THE EMPLOYEE : _____
2. FATHERS NAME : _____
3. DEPARTMENT : _____
4. DESIGNATION : _____
5. PAY SCALE & PRESENT BASIC PAY : _____
6. DETAILS OF FAMILY AS PER CS (MA) RULES :

Sr. No	NAME	Relation with the Employee	Date of Birth	Remarks

7. DATE of INITIAL APPOINTMENT : _____
8. DATE OF RETIREMENT FROM FROM UNIVERSITY SERVICES : _____
9. RESIDENTIAL ADDRESS (as in the SERVICE BOOK) : _____

10. TELEPHONE NO : _____
11. HEALTH CENTRE BOOK NO (IF ANY) : _____
(in case of Health Centre Member)

VERIFIED BY

SIGNATURE OF THE EMPLOYEE

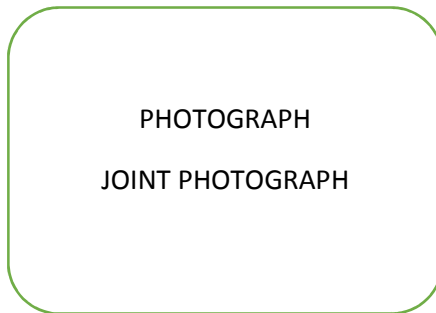
Details of Family Member

S. No.	NAME	DATE OF BIRTH	RELATIONSHIP
01			
02			
03			
04			
05			
06			
07			
08			

“Family” include wife (or husband), as the case may be children or step children, parents, minor Brother and sister, widow daughters and widowed sister wholly dependent upon the Government Servant and are normally residing with the University /College employee.

Additions

S. No.	NAME	DATE OF BIRTH	RELATIONSHIP



Instruction:

1. This card is issued only for the purpose of taking the medical treatment in the Hospital which are approved By the University and this card must be produced on demand.
2. The lost of the card should be reported immediately to the Registrar, University of Delhi and to the nearest Police Station.
3. Misuse of this Card is an offence and will render the concerned University/College employee liable to disciplinary.
4. Affix Photograph/Joint Photograph in the space provided for.
5. In case this card is lost or disfigured, a penalty of RS.100/- shall be charged for issuing a duplicate.

Sr. No.....

UNIVERSITY OF DELHI
IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITAL

NAME IN FULL: _____

FATHERS NAME: _____

UNIVERSITY/DEPARTMENT/COLLEGE in which the employee is working: _____

RESIDENTIAL ADDRESS: _____

PHONE/MOBILE NO: _____

HEALTH CENTRE BOOK NO. (If any): _____
(In case of health Centre Members)

SIGNATURE/THUMB Impression of University Employee:

SIGNATURE of issuing Authority Office Seal: _____

DATE OF ISSUE: _____

VALID UPTO: _____