

Signature of the Head of Institution

Details of Family Members

S.No.	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

***Family** includes wife (or husband), as the case may be and children or step children, parents, minor brothers and sisters, widowed daughters and widowed sisters wholly dependent upon the Government Servant and are normally residing with the University/College employee.

Additions

S.No.	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			

Photograph/Joint Photograph

IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITALS

Name in full _____

Father's Name: _____

University/Department/College in which the employee is working: _____

Residential Address : _____

Phone/Mobile No.(if any) _____

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 _____

Instructions:

1. This Card is issued only for the purpose of taking treatment in the Hospital which are approved by the University and this card must be produced on demand.
2. The loss of this Card should be reported immediately to the Principal, Dr. B.R.Ambedkar College & to the nearest Police Station
3. Misuse of this Card is an offence and will render the concerned University/College employee liable to disciplinary action.
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