डी. भोम, यन अविवासर नहाविधालें प छ। Bhim Rao Ambodkar Colic वैदल्दी विश्वविशालय)

भारत काशास्त्र भाग, समुना ग्रहार, दि जा Mar र राज्या जाता

IDFNITTY CARD REQUEST FOR TO AVAIL DIRECT PAYMENT FACILITY IN THE APPROVED HOSPITALS

(WRITE THE INFORMATION IN CAPITAL LETTERS ONLY) KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENIFICIARIES IN THE FAMILY

. Name of the Employee :			- I the same
. Father's Name		·	
. Department :			
Designation :			
. Pay Scale & Present Basic Pay :			
Details of Family Members as per CS(
Sr. Name	Relationship with	Date of Birth	Remarks
No.	the Employee		
· Seguil administration			
Additions			
			or the state of th
Name of the second	Date of all		
Date of initial appointment :_			
Date of retirement from University Ser	vices :	*	
Residential Address(As in the service b	oook):		,
		,	
). Telephone No.			e entref
. Health Centre Book No. (if any)			
(in case of Health Centre Members)		, ļ.,	
Verified by:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Signature of the Em	ployee with Nar

Signature of the Head of Institution

Details of family Members

S.No.	Name	Date of Birth	Relationship
1.			- P
2.	***		The same of the figure was a surround to the same of t
3.	The supplies and the supplies of the supplies		
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6.			y con a service of the service of th
7.			
8.	<u> </u>		3,-10-10-10-11-11-11-11-11-11-11-11-11-11-

*"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

it.

IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITALS

Name in full
Pather'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