

डॉ भीमराव अम्बेडकर महाविद्यालय
DR. BHIM RAO AMBEDKAR COLLEGE
(दिल्ली विश्वविद्यालय)
(University of Delhi)
मैन वज़ीराबाद रोड, यमुना विहार दिल्ली -110094
Main Wazirabad Road, Yamuna Vihar Delhi-110094

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

(WRITE THE INFORMATION IN CAPITAL LETTER ONLY)

KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY

1. Name of the Employee : _____
2. Fathers /Husband Name : _____
3. Department : _____
4. Designation : _____
5. Pay Scale & Present Basic Pay : _____
6. Details of Family Members as per CS(MA) rules:

Sr. No.	Relationship with the Employee	Date of Birth	Remarks

7. Date of initial appointment : _____
8. Date of retirement 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 Center Members)

Signature of the Employee with name

Verified by:

Signature of the Head of Institution

*"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