

GARGI COLLEGE: SIRI FORT ROAD

KINDLY ATTACH LATEST PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY

(WRITE THE INFORMATION IN CAPITAL LETTERS ONLY)

- 1. Name of the Employee : _____
- 2. Father's Name : _____
- 3. Department : _____
- 4. Designation : _____
- 5. Basic Pay & Pay Level : _____
- 6. Details of Family Members as per CS(MA) rules:

S.No.	Name	Relationship with the Employee	Date of Birth	Remarks
1.				
2.				
3.				
4.				
5.				
6.				

- 7. Date of Initial appointment : _____
- 8. Date of Retirement : _____
- 9. Residential Address : _____

- 10. Telephone no. : _____
- 11. Health Centre Book No. (If any)
(in case of Health Centre Members)

Verified by:

Signature of Employee with Name

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DECLARATION TO BE SIGNED BY THE COLLEGE EMPLOYEE

1. This card is issued only for the purpose of taking the medical treatment in the hospitals which are approved by the University and this card must be produced on demand.
2. The loss of the card should be reported immediately to the Principal.
3. Misuse of this Card is an offence and will render the concerned employee liable to disciplinary action.
4. Affix latest 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.
6. Please surrender the existing Medical Card along with this form in the Office.

Signature of Employee with Name