

**For Permanent Faculty/Employees  
Identity Card for Medical Treatment in Hospitals**

**Shyam Lal College (Eve.)  
(University of Delhi)  
G.T. Road, Shahdara, Delhi-110032**



ID No. YR/F.NO./DEPTT./S.NO. (FOR OFFICE USE)

Name: .....

Father's/Husband's Name .....

Department: ..... Designation .....

Pay Scale ..... Grade Pay .....PB-I/II/III/IV

Present Basic ..... Grade Pay .....PB-I/II/III/IV

Residence Address: .....

.....

Telephone No.: ..... Mobile No.: .....

Date of Birth: ..... Date of Appointment .....

Date of Retirement..... Blood Group: .....

Details of the Family Members as per CS (MA) rules:

Sr. No.	Name	Relationship with the employee	Date of Birth	Remarks
1		SELF		Please attach passport size photograph for every individual.
2				
3				
4				
5				
6				
7				

**For Office Use:**

Date of Issue: ..... Date of Expiry: .....

**Signature of Card Holder**

**Signature of the Principal**

**Note: You are also requested to submit the prescribed proforma of "Declaration Form of Family Members" with documentary proofs.**

**For Pensioner / Family Pensioner**  
**Identity Card for Medical Treatment in Hospitals**  
**Shyam Lal College (Eve.)**  
 (University of Delhi)  
 G.T. Road, Shahdara, Delhi-110032



ID No. YR/F.NO./DEPTT./PENSIONER/S.NO. (FOR OFFICE USE)

Name: .....

Father's/Husband's Name .....

Department: ..... Designation .....

Pay Scale ..... Grade Pay .....PB-I/II/III/IV

Last Basic Pay ..... Grade Pay .....PB-I/II/III/IV

Present Pension/Family Pension .....

Residence Address: .....

.....

Telephone No.: ..... Mobile No.:.....

Date of Birth: .....Date of Appointment .....

Date of Retirement .....Blood Group: .....

Details of the Family Members as per CS (MA) rules:

Sr. No.	Name	Relationship with the employee	Date of Birth	Remarks
1		SELF		Please attach passport size photograph for every individual.
2				
3				
4				
5				
6				
7				

**For Office Use:**

Date of Issue: .....Date of Expiry: .....

**Signature of Card Holder**

**Signature of the Principal**

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**Note: You are also requested to submit the prescribed proforma of "Declaration Form of Family Members" with documentary proofs.**

**FRONT SIDE**

**IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITALS**



**SHYAM LAL COLLEGE (EVE.)**  
**(University of Delhi)**  
**G.T. Road Shahdara, Delhi-110032**  
**Phone: 22324883, Fax:22324078**

**Name :**

**Card No.:**

**Father's Name:**

Photo	Photo	Photo	Photo	Photo	Photo
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**Sign. of Card Holder**

**Sign. of Issuing Authority**

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**BACK SIDE**

Department:

Designation:

Pay Scale:

Present Basic:

Residential Address:

Pay + GP

Telephone No.

Date of Appointment:

Date of Retirement:

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

**FRONT SIDE**

**IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITALS**



**SHYAM LAL COLLEGE (EVE.)**  
**(University of Delhi)**  
**G.T. Road Shahdara, Delhi-110032**  
**Phone: 22324883, Fax:22324078**

**Name :**

**Card No.:**

**Father's Name:**

Photo	Photo	Photo	Photo	Photo	Photo
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**Sign. of Card Holder**

**Sign. of Issuing Authority**

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**BACK SIDE**

Department:

Designation:

Pay Scale:

Last Basic Pay:

Residential Address:

Pay + GP

Telephone No.

Last Pension:

Date of Issue:

Date of Expiry:

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