For Permanent Faculty/Employees

Identity Card for Medical Treatment in Hospitals Shyam Lal College (Eve.)

(University of Delhi) G.T. Road, Shahdara, Delhi-110032

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ID No. YF	R/F.NO./DEPTT./S.NO.	(FOR OFF	FICE USE)	
Name:				
Father's/H	lusband's Name	••••		
Departmen	nt:	. Designation		
Pay Scale		Grade Pay	PE	B-I/II/III/IV
Present Ba	asic	Grade Pay	PB-	I/II/III/IV
Residence	Address:			
Telephone	No.:	Mobile No.:		
Date of Bi	rth:	Date of Appoint	tment	
Date of Re	etirement	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		hq
2				ttach passport size photograph for every individual.
3				size pł ividual.
4				port indi
5				ach passport size p for every individual
6				ਤ
7				Please
For Office	e Use:	•	1	1
Date of Iss	sue:	Date of Expi	ry:	
Signature	of Card Holder	Sig	gnature of the Pr	incipal
Note: Yo	ou are also requested	to submit the	prescribed pr	oforma of

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

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R OFFICE USE)				
Name:				
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РВ	-I/II/III/IV			
Last Basic Pay Grade PayPB-I/II/III/IV				
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Details of the Family Members as per CS (MA) rules:				
Date of Birth	Remarks			
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	Please attach passport size photograph for every individual.			
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	se attac foi			
	Pleas			
For Office Use:				
Date of Issue:				
Signature of Card Holder Signature of the Principal				
	pintment			

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



6

SHYAM LAL COLLEGE (EVE.)

(University of Delhi) G.T. Road Shahdara, Delhi-110032 Phone: 22324883, Fax:22324078

Name Father	: 's Name:	Card No.:
	Photo Photo	Photo Photo Photo
Sign. of Card Holder		Sign. of Issuing Authority
		BACK SIDE
Departi Pay Sca		Designation: Present Basic:
Residential Address: Telephone No.		Pay + GP Date of Appointment: Date of Retirement:
S.No.	Name	Relationship with Date of Birth the Employee
1		Self
3		
4		
5		

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

the Employee Self 3	Name: Father's Name:			Card No.:				
Department: Pay Scale: Residential Address: Telephone No. Designation: Last Basic Pay: Pay + GP Last Pension: Date of Issue: Date of Expiry: S.No. Name Relationship with the Employee Self Self Self		Photo	Photo	Photo	Photo	Photo	Photo	
Department: Pay Scale: Last Basic Pay: Residential Address: Pay + GP Last Pension: Date of Issue: Date of Expiry: S.No. Name Relationship with the Employee 1 Self Self 2 3	Sign. of Card Holder				Sign. of Issuing Authority			
Pay Scale: Residential Address: Pay + GP Last Pension: Date of Issue: Date of Expiry: S.No. Name Relationship with the Employee Self Self		======		BACK	SIDE		=======	
Telephone No. Last Pension: Date of Issue: Date of Expiry: S.No. Name Relationship with the Employee Self Self 3	Pay Sca	ale:				Pay:	CD	
the Employee Self 3				Last Pension: Date of Issue:				
1 Self 2 3	S.No.	Name				Date of Birth		
3								
4								
	4							
5								