



**INSTITUTE OF HOME ECONOMICS**  
**F-4 Hauz Khas Enclave New Delhi-110016**

**ID Card Form for Non Teaching Staff**

**NAME (in Block) :** \_\_\_\_\_

**NAME  
(Father/Mother/Spouse) :** \_\_\_\_\_

**Designation :** \_\_\_\_\_

**Department :** \_\_\_\_\_

**Employee ID No. :** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_

**Blood Group :** \_\_\_\_\_

**Date of Joining :** \_\_\_\_\_

**Email ID :** \_\_\_\_\_

**Date of Retirement :** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_

**Resi. Address :** \_\_\_\_\_

**:** \_\_\_\_\_

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**Employee Signature**

**Photo**

**Dealing Astt.**

**S.O (Admin)**

**A.O.**

**Director**



**INSTITUTE OF HOME ECONOMICS**  
**F-4 Hauz Khas Enclave New Delhi-110016**

**ID Card Form for (Ad-hoc) Teachers**

**NAME (in Block) :** \_\_\_\_\_

**NAME of  
(Father/Mother/Spouse) :** \_\_\_\_\_

**Designation :** \_\_\_\_\_

**Department :** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_

**Appointment From :** \_\_\_\_\_ **Appointment up to:** \_\_\_\_\_

**Resi. Address :** \_\_\_\_\_

**:** \_\_\_\_\_

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**Employee Signature**

**Photo**

**Dealing Astt.**

**S.O (Admin)**

**A.O.**

**Director**

**INSTITUTE OF HOME ECONOMICS**  
**(UNIVERSITY OF DELHI)**  
**F-4, HAUZ KHAS ENCLAVE, NEW DELHI-110016**

**MEDICAL I CARD FOR RETIRED OFFICIAL**

EMPLOYEE I.D. NO. IHE/.....

NAME OF THE EMPLOYEE: .....

HUSBAND/FATHER'S NAME: .....

DESIGNATION AT THE TIME OF RETIREMENT: .....



HEALTH CENTRE BOOK NO: .....  
(IN CASE OF HEALTH CENTRE MEMBER)

PAY BAND & GRADE PAY/BASIC PAY (Pay Scale) .....

DATE OF BIRTH: .....

DATE OF APPOINTMENT: .....

DATE OF RETIREMENT: .....

DATE OF ISSUE: .....

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**SIGNATURE OF EMPLOYEE**

**SIGNATURE OF DIRECTOR**

Email ID .....

Blood Group .....

PHONE/MOBILE NO.: .....

RESIDENTIAL ADDRESS:

.....  
.....  
.....

Details of Family Members as per CS (MA) Rules

S. NO.	NAME	D.O.B.	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**INSTITUTE OF HOME ECONOMICS**  
**(UNIVERSITY OF DELHI)**  
**F-4, HAUZ KHAS ENCLAVE, NEW DELHI-110016**  
**I CARD MEDICAL TREATMENT IN HOSPITAL ON CGHS RATES**  
**AND ID CARD FORM**

EMPLOYEE I.D. NO. IHE/.....

NAME IN FULL .....

HUSBAND/FATHER'S NAME.....

DESIGNATION .....

DEPARTMENT (use on only ID card): .....

<b>Family photo</b>	<b>Employee passport size photo</b>
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HEALTH CENTRE BOOK NO: .....

(IN CASE OF HEALTH CENTRE MEMBER)

PAY SCALE WITH PRESENT BASIC PAY (**Level as per 7<sup>th</sup> CPC**) .....

DATE OF BIRTH: .....

DATE OF APPOINTMENT: .....

DATE OF RETIREMENT: .....

DATE OF ISSUE: - .....

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**SIGNATURE OF EMPLOYEE**

**SIGNATURE OF DIRECTOR**

Email ID .....

Blood Group .....

PHONE/MOBILE NO.: .....

RESIDENTIAL ADDRESS:

.....

.....

.....

S. NO.	NAME	D.O.B.	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**INSTITUTE OF HOME ECONOMICS**  
**(UNIVERSITY OF DELHI)**  
**F-4, HAUZ KHAS ENCLAVE, NEW DELHI-110016**

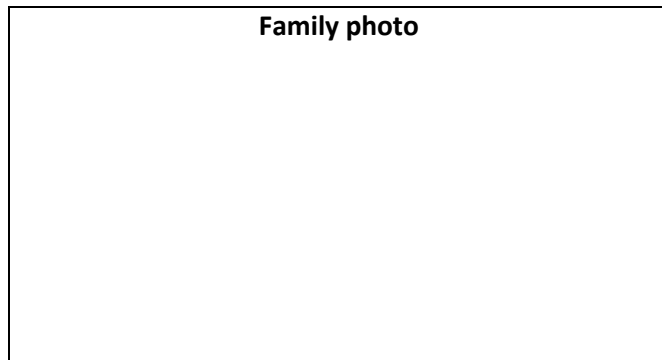
**MEDICAL ID CARD TREATMENT IN HOSPITAL ON CGHS RATES**

EMPLOYEE I.D. NO. IHE/.....

NAME IN FULL .....

HUSBAND/FATHER'S NAME.....

DESIGNATION .....



HEALTH CENTRE BOOK NO: .....

(IN CASE OF HEALTH CENTRE MEMBER)

PAY SCALE WITH PRESENT BASIC PAY (Level as per 7<sup>th</sup> CPC) .....

DATE OF BIRTH: .....

DATE OF APPOINTMENT: .....

DATE OF RETIREMENT: .....

DATE OF ISSUE: - .....

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**SIGNATURE OF EMPLOYEE**

**SIGNATURE OF DIRECTOR**

Email ID .....

Blood Group .....

PHONE/MOBILE NO.: .....

RESIDENTIAL ADDRESS:

.....

.....

.....

S. NO.	NAME	D.O.B.	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			