

<b>Sr. No.</b>		<b>Paste your Photo here</b>		
<b>Institute of Home Economics (University of Delhi) F-4, Hauz Khas Enclave, New Delhi-110016</b>				
<b>Identity Card for Medical Treatment in the Approved Hospitals</b>				
<b>Forms should be filled in CAPITAL Letters only</b>				
<b>Sl. No.</b>	<b>Particulars</b>			
<b>1</b>	<b>Name of the Employee</b>			
<b>2</b>	<b>Father's Name/Husband's Name</b>			
<b>3</b>	<b>Department</b>			
<b>4</b>	<b>Designation</b>			
<b>5</b>	<b>Blood Group</b>			
<b>6</b>	<b>Employee ID No.</b>			
<b>7</b>	<b>Pay Band &amp; Grade Pay/Basic Pay (Pay Scale)</b>			
<b>Details of Family Members as per CS (MA) Rules</b>				
<b>Sl. No.</b>	<b>Name of the Person</b>	<b>Relationship with the Employee</b>	<b>Date of Birth</b>	<b>Remarks</b>
<i>1</i>				
<i>2</i>				
<i>3</i>				
<i>4</i>				
<i>5</i>				
<i>6</i>				
<b>8</b>	<b>Date of Birth</b>			
<b>9</b>	<b>Date of Initial Appointment</b>			
<b>10</b>	<b>Date of Retirement</b>			
<b>11</b>	<b>Residential Address (as in Service Book)</b>			
<b>12</b>	<b>Contact No. (at least two nos.)</b>			
<b>13</b>	<b>Health Centre Book No. (if any) In case of Health Centre Members</b>			

**Verified by:**

**(Signature of the  
Employee)  
Name:**