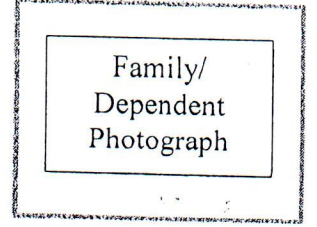




SRI AUROBINDO COLLEGE
श्री अरविन्दो महाविद्यालय
MALVIYA NAGAR, NEW DELHI - 110 017
मालवीय नगर, नई दिल्ली - 110017



IDENTITY CARD FOR MEDICAL TREATMENT DIRECT PAYMENT IN HOSPITAL
(PERMANENT / RETIRED)

Employee ID Card No. : _____
Name in Full : _____
Father's/Husband Name : _____
Designation : _____
Department : _____
Pay Band / Pay Matrix : _____
Grade Pay / Level : _____
Date of initial appointment: _____
Date of retirement : _____
Residential Address : _____
_____ PIN _____
Phone No. : _____

Details of family members:

Sl. No.	Name	Sex	Date of Birth	Relationship with the employee

Health Centre Book No. (In any): _____
(In case of Health Centre Members)

Date: _____

Place: _____

Signature of employee

Name (CAPITAL LETTERS): _____