Shivaji College (University of Delhi)

Ring Road Raja Garden

New Delhi- 110027

Medical/CGHS Card

(Please fill this form in CAPITAL LETTERS)

Please Attach Family Photograph

1. Name of Employee:-
2. Father's Name:-
3. Department:-
4. Designation:-
5. Basic Pay:-
6. Date of Birth:-
7. Date of Appointment:-
8. Date of Retirement:-
9. Residential Address:-
10. Tel.No./M.No.:-
11. Email ID:-
12. Details of Family Members:-

S.No.	Name	Relationship with Employee	DOB

Signature

AO (Admin) AO (Accounts) Principal