

Shivaji College (University of Delhi)

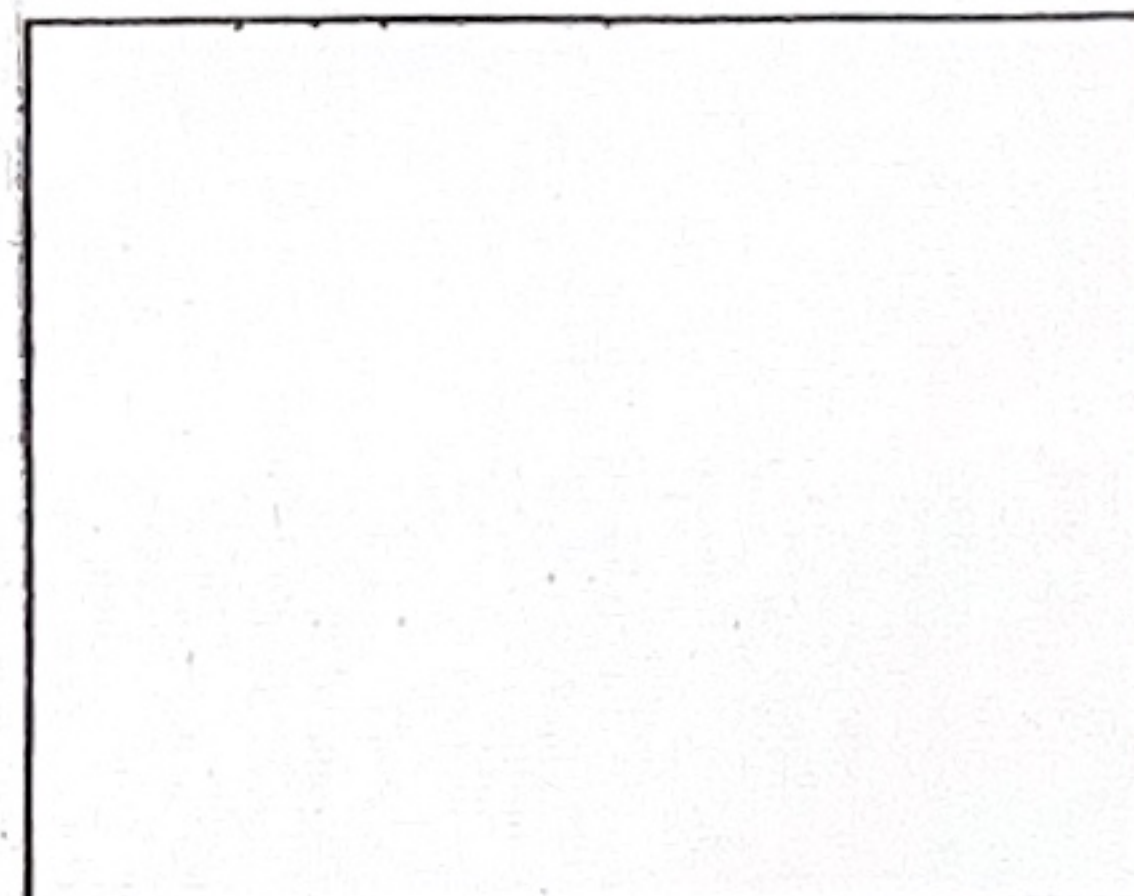
Ring Road Raja Garden

New Delhi- 110027

Medical/CGHS Card

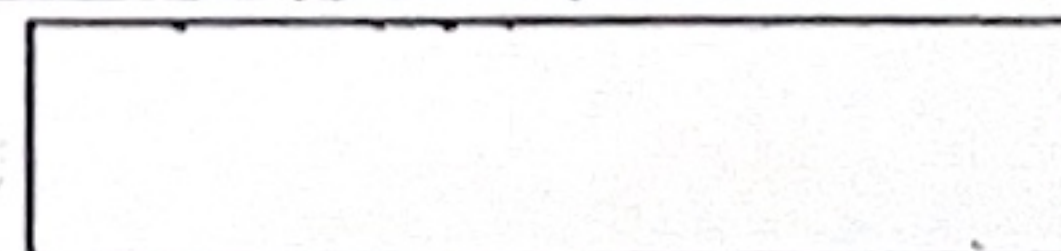
(Please fill this form in CAPITAL LETTERS)

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:-



Please Attach Family Photograph

S.N.	Name	Relationship with Employee	DOB



Signature

AO (Admin)

AO (Accounts)

Principal