

पी० जी० डी० ए० वी० कॉलेज (सांध्य)

(दिल्ली विश्वविद्यालय)

P.G.D.A.V. COLLEGE EVENING

(University of Delhi)

नेहरु नगर, रिंग रोड, नई दिल्ली-110065
फोन : 011-29845214
वेबसाईट : www.pgdavevecollege.in



Nehru Nagar, Ring Road, New Delhi- 110065
Phone : 011-29845214
Website : www.pgdavevecollege.in

(दिल्ली विश्वविद्यालय)

Medical Card Request Form to avail direct payment facility in the approved hospitals.

(Write the information in capital letters only)

Kindly attached one photograph detailing all the beneficiaries in the family.

1. **Name of the Employee** : _____
2. **Father's Name** : _____
3. **Department** : _____
4. **Designation** : _____
5. **Present Basic Pay+Present Grade Pay** : _____
6. **College I-Card No.** : _____
7. **Employee Date of Birth** : _____
8. **Details of Family Members* as per CS(MA) rules:**

| S.No. | Name | Relationship with the employee | Date of Birth | Remarks |
|-------|------|--------------------------------|---------------|---------|
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9. **Date of Initial Appointment** : _____
 10. **Date of Retirement** : _____
 11. **Residential Address** : _____
 12. **Mobile No.** : _____
 13. **Health centre Book No. (if any)** : _____
- (In case of Health Centre Members)**

Verified

Signature of the Employee

*Family includes wife (or husband), as the case may be, and children or step-children, parents, minor brothers and sisters, widowed daughters and widowed sisters wholly dependent upon the Government Servant and are formally residing with the College employee.