



Sr No.....

**SRI VENKATESWARA COLLEGE**  
**(University of Delhi)**

**IDENTITY CARD FOR MEDICAL TREATMENT IN HOSPITALS**

Name in Full .....

Father's Name.....

University / Department / College in which the employee is working.....

Residential Address .....

Phone / Mobile No. (if any) .....

Health Centre Book No., if any .....

Signature / Thumb impression of University employee .....

Signature of Issuing Authority Office seal .....

Date of Issue ..... Valid upto .....

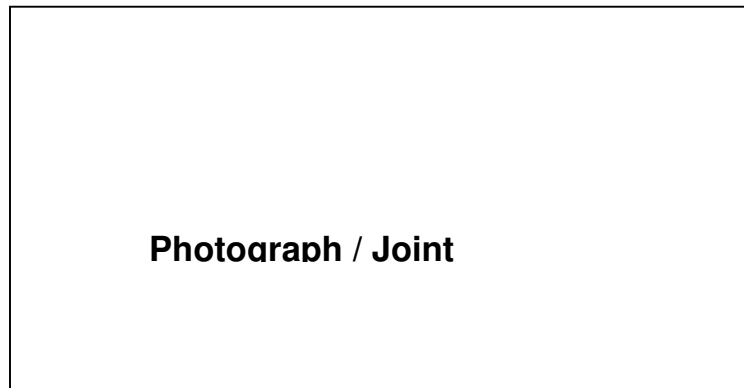
\* Details of family Members

Sl. No.	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

\* "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 normally residing with the University / College employee.

**Additions, if any**

S. No.	Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			



**Instructions:**

1. This card is issued only for the purpose of taking the medical treatment in the Hospitals, which are approved by the University, and this card must be produced on demand.
2. The loss of this Card should be reported immediately to the Principal, Sri Venkateswara College and to the nearest Police Station.
3. Misuse of this Card is an offence and will render the concerned University / College employee liable to disciplinary action.
4. Affix Photograph / Joint Photograph in the space provided for.
5. In case this card is lost or disfigured, a penalty of Rs. 100/- shall be charged for issuing a duplicate.



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**(University of Delhi)**

**IDENTITY CARD REQUEST TO AVAIL DIRECT PAYMENT FACILITY IN THE APPROVED HOSPITALS**  
**(WRITE THE INFORMATION IN CAPITAL LETTERS ONLY)**

**KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY**

1. Name of the Employee : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Pay Scale & Present Basic Pay: \_\_\_\_\_
6. Details of Family Members as per CS (MA) rules:

Sl. No.	Name	Relationship with the Employee	Date of Birth	Remarks

7. Date of initial appointment : \_\_\_\_\_
8. Date of retirement from University services : \_\_\_\_\_
9. Residential Address (As in the service book) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Telephone No. \_\_\_\_\_
11. Health Centre Book No. (if any) \_\_\_\_\_  
(in case of Health Center Members)

**Verified by:**

**Signature of the Employee with Name**