

**DETAILS OF OFFICERS/EMPLOYEES/PENSIONERS AND THEIR
FAMILY MEMBERS FOR HEALTH CARD**

1.	Name of Employee/ Pensioner:		Please affix recent passport size photograph
2.	Designation:		
3.	Basic Pay:		
4.	Employee Code/ Pension Patta No.:		
5.	Address:		
6.	Age (D.O.B.):		
7.	Sex:		
8.	Marital Status:		
9.	Blood Group:		
10.	Contact & Email Id		

11. Details of Dependent Family Members:

S. N.	Name	Date of Birth	Sex	Blood Group	Relation with the Employee	Date of Issue & Validity (To be filled by office)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

(Please attach latest passport size photograph of each dependent family members)

Signature/Thumb Impression of the Official

FOR OFFICE USE (Ward Entitlement)					
General Ward		Semi Private Ward		Private Ward	