

INDEX CARD

Date of Superannuation _____

Govt. of NCT of Delhi

Health and Family Welfare Deptt.

DELHI GOVT. HEALTH SCHEME

1. Name of Govt. Employees :

(In full and block letters)

2. Deptt./Office in which employed : _____

3. Residential Address : _____

4. Nearest Delhi Govt. Dispensory/ Hospital : _____

5. Details of family members : _____

Name	Date of Birth	Relationship	Name	Date of Birth	Relationship
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I hereby declare that :-

- (a) My father / mother namely _____
 Is / are wholly / mainly dependent upon me and that he / she/ they normally
 residing with me in _____
 _____. The total monthly income
 of my father / mother does not exceed my pay plus dearness pay (where
 applicable) and that it does not also exceed Rs. 500/- per month.
- (b) My son / brother _____
 age _____ years is unemployed wholly dependent on me.
- © My daughter / sister _____ age
 years is unmarried / unemployed and wholly dependent on me.
- (c) I undertake to surrender the Identity Card on my leaving the Deptt./office on
 transfer / retirement / termination of service, resignation etc.

Signature / Thumb Impression of Government Employee.

Dispensary _____

Signature / Thumb Impression of Government Employee.

Designation _____

Branch/Deptt. _____