

SHYAMA PRASAD MUKHERJI COLLEGE (FOR WOMEN)
(UNIVERSITY OF DELHI)
PUNJABI BAGH (WEST), NEW DELHI – 110026

Phone no. 25224499

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

KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY

1. NAME OF THE EMPLOYEE : _____
2. FATHER'S/HUSBAND NAME : _____
3. DEPARTMENT : _____
4. DESIGNATION : _____
5. PAY SCALE & PRESENT BASIC PAY : _____
6. Details of Family Members as per CS (MA) rules:

S.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 service book) : _____
10. Telephone No. : _____
11. Health Centre Book No. (if any) : _____
(In case of Health Centre Member)

Verified by:

Signature of the Employee with Name