

SRI GURU TEGH BAHADUR KHALSA COLLEGE
UNIVERSITY OF DELHI, DELHI- 110007

Medical Card Number _____
Name of Employee _____
Department _____ Designation _____
Date of Appointment _____ Date of Birth _____
Residence Address _____

Please Affix
Recent
Photograph
of Employee

Date of Retirement _____

DETAILS OF DEPENDENTS

Name _____
Date of Birth _____ Age _____
Relation with Employee _____

Please Affix
Recent
Photograph
of Dependent

Name _____
Date of Birth _____ Age _____
Relation with Employee _____

Please Affix
Recent
Photograph
of Dependent

Name _____
Date of Birth _____ Age _____
Relation with Employee _____

Please Affix
Recent
Photograph
of Dependent

Name _____
Date of Birth _____ Age _____
Relation with Employee _____

Please Affix
Recent
Photograph
of Dependent

I declare that above mentioned family members are wholly dependent on me for the purpose of medical treatment and I shall be responsible for the misuse of this medical card issued by the college.

Date of Apply: _____

Signature _____

Date of Issue: _____

Name _____

Vaild up to _____

Email Id: _____

Mobile No. _____