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

Medical Card Number		Twin g
Name of Employee		
Department	Designation	Please Affaix
Date of Appointment	Date of Righ	Recent Photograph
Residence Address	Sace of Birtii	of Employee
70일 그 보고 있는 그 사람들은 사람들은 기계를 다 살려고 했다.		
Date of Retirement		
Deta	II C OF DEDAID HAVES	Please Affaix
Name	ILS OF DEPNDENTS	
Name Date of Birth	Age	Photograph of Dependent
Relation with Employee		
Name		Please Affaix
Date of Birth	Age	Recent Photograph
Relation with Employee		of Dependent
Name		Please Affaix
Date of Birth	Age	Recent Photograph
Relation with Employee		of Dependent
Name		
Date of Birth	Age	Places Aff
Relation with Employee		Please Affaix Recent
		Photograph
		of Dependent
I declare that above mentioned fa	amily members are wholly dep	pendent on me for the purpose of medical
treatment and I shall be responsib	le for the misuse of this medic	cal card issued by the college.
Date of Apply:	4.5	Signature
		Name
Date of Issue:		Email Id:
Vaild up to		Mobile No.