



RAMJAS COLLEGE

UNIVERSITY ENCLAVE, DELHI - 110007

Phone : 27667706, Fax : 27667447

**IDENTITY CARD REQUEST FOR AVAILING DIRECT PAYMENT
FACILITY IN THE APPROVED HOSPITALS
(WRITE THE INFORMATION IN CAPITAL LETTERS ONLY)**

KINDLY ATTACH ONE PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY

- 1 Name of the Employees : _____
- 2 Father's / Husband's Name : _____
- 3 Department : _____
- 4 Designation : _____
- 5 Pay Scale & Grade Pay : _____
- 6 Details of Family Members as per CS(MA) rules : _____

S. No.	Name	Relations with the Employee	Date of Birth	Remarks
1				
2				
3				
4				
5				
6				
7				

- 7 Date of initial appointment : _____
- 8 Date of retirement form College services : _____
- 9 Residential Address (As in the Service Book) : _____
- 10 Telephone No. : _____
- 11 Health Center Book No. (if any) (in case of Health Center Members) : _____

Verified by :

Signature of the Employee with Name