## INFORMATION TO BE PROVIDED FOR ISSUING NEW MEDICAL I-CARD $^{\ast}$

Name:		A CC' C
Employee ID:		Affix one Stamp size digital
Department:		photograph with good resolution
Designation:		
Date of Birth:		
Blood Group:		
Pay in the Pay Band (without Grade	e Pay):	
Address:		
Contact No.:		
Put your Signature in Black Ink in the	he box provided above	
Dependants		
Nome	Nome	Name
Name:Relationship	Name:Relationship	Name:Relationship
Date of Birth:	Date of Birth:	Date of Birth:
Blood Group:	Blood Group:	Blood Group:
Name:	Name:	Name:
Relationship	Relationship	Relationship
Date of Birth:Blood Group:	Date of Birth: Blood Group:	Date of Birth:Blood Group:
21004 Oloup	5100tt O10ttp.	Dioon Group.

<sup>\*</sup> Information will be verified and supporting documents to be produced if asked for.