

LAKSHMIBAI COLLEGE
UNIVERSITY OF DELHI
IDENTITY CARD REQUEST FORM TO AVAIL 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 Employee :

2. Father's Name :

3. Department :

4. Designation :

5. Pay Scale & Present Basic Pay:

6. Details of Family Members as per CS (MA) rules:

Sl.No.	Name	Relationship With the Employee	Date of Birth
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7. Date of initial appointment :

8. Date of retirement from University Service:

9. Residential Address (As in the service book):

10. Telephone No. :

11. Health Centre Book No. (If any)

(In case of Health Centre Members:

Verified by:

Signature of the Employee with Name