



SRI VENKATESWARA COLLEGE
(University of Delhi)

IDENTITY CARD REQUEST 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	Remarks

7. Date of initial appointment : _____
8. Date of retirement from University services : _____
9. Residential Address (As in the service book) : _____

10. Telephone No. _____
11. Health Centre Book No. (if any) _____
(in case of Health Center Members)

Verified by:

Signature of the Employee with Name