

Shivaji College (University of Delhi)

Ring Road Raja Garden

New Delhi -110027

Medical/CGHS Card



Please Attach Family Photograph

(Please fill this form in CAPITAL LETTERS)

1. Name of Employee:-
2. Father's Name:-
3. Department:-
4. Designation:-
5. Pay in Pay Band:
6. Date of Birth:-
7. Date of Appointment
8. Date of Retirement
9. Residential Address
10. Tel.No/M.No
11. Email-Id.
12. Details of Family Members

Sno.	Name	Relationship with Employee	DOB

Principal



Signature of Employee