

Details for Cashless Card

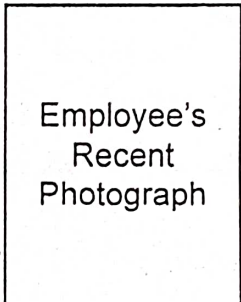
P.G.D.A.V. COLLEGE
(University of Delhi)

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IDENTITY CARD TO AVAIL DIRECT PAYMENT
FACILITY IN THE HOSPITALS APPROVED BY DU

1. Member ID.....
2. Name (in full).....
3. Date of Birth
4. Blood Group.....
5. Father's Name.....
6. Spouse Name
7. Designation
8. Department
9. Present Status (Temp/Permanent)
10. Date of Appointment
11. Residential Address
-
12. Mobile/Landline No.....
13. Emergency Contact No-.....
14. Academic Level
15. Rationalised Entry Pay/Present Pay
16. Health Centre Book No (if any)
17. Date of issue Valid upto



Date :.....

Signature of the Employee

S.O. (Admn.) Sign

Principal's Sign

Details of Dependent Family Members

Photograph	Name	Relationship with the Employee	Date of Birth	Blood Group

Instructions:

1. This card must be produced on demand.
2. The loss of this card should be reported immediately to the Principal, P.G.D.A.V. College and to the nearest Police Station.
3. Misuse of this card is an offence and will render the concerned employee liable to disciplinary action.
4. Duplicate card shall be issued on payment Rs.100/-.
5. Please check carefully the eligibility of dependence/family members for availing the facility