

**BHARATI COLLEGE**  
**(UNIVERSITY OF DELHI)**

C-4, Janak Puri, New Delhi-110058

**IDENTITY CARD TO AVAIL DIRECT PAYMENT FACILITY IN DELHI UNIVERSITY**  
**APPROVED HOSPITALS**

**KINDLY ATTACH ON PHOTOGRAPH DETAILING ALL THE BENEFICIARIES IN THE FAMILY**  
**(Kindly use only Capital Letters to fill in the performa. Please also provide Proof of residence)**

ID No. \_\_\_\_\_

Name of Employee : \_\_\_\_\_

Father's/Husband's Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Residential Address : \_\_\_\_\_

(As per Service Records) \_\_\_\_\_

Telephone/Mobile No. : \_\_\_\_\_

Health Centre Book No. (if any) : \_\_\_\_\_

(in case of Health Centre Members \_\_\_\_\_

Present Basic Pay & Pay Scale : \_\_\_\_\_

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

S. No.	Name of Members	Relationship	Date of Birth
SELF		SELF	
2.			
3.			
4.			
5.			
6.			
7.			

Date of Appointment: \_\_\_\_\_

Date of Retirement \_\_\_\_\_

A.O. Section Officer (Admin.)

Dealing Assistant

Signature of  
the Employee

LATEST  
GROUP PHOTOGRAPH OF FAMILY

LATEST  
PHOTOGRAPH  
OF EMPLOYEE

Holder's Signature/  
Thumb Impression

Holder's Signature/  
Thumb Impression

Received on \_\_\_\_\_

Supplied on \_\_\_\_\_