



## SHAHEED BHAGAT SINGH COLLEGE (UNIVERSITY OF DELHI)

Sheikh Sarai Phase II, New Delhi 110017  
Ph. No.: 011-29250306 Fax No.: 011-29257472

Photograph

### STAFF IDENTITY CARD DATA FORM

**Form should be filled in CAPITAL Letters only**

1. Employee ID : \_\_\_\_\_
2. Name of the Employee : \_\_\_\_\_
3. Father/ Husband's Name : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Department : \_\_\_\_\_
7. Date of Birth : \_\_\_\_\_
8. Date of Appointment : \_\_\_\_\_
9. Valid Upto : \_\_\_\_\_
10. Residential Address : \_\_\_\_\_  
(as in Service Book)
11. Phone/ Mobile No. : \_\_\_\_\_
12. Acad. Level/Basic pay : \_\_\_\_\_

(Signature of Employee)

(A.O. Admn.)

(Principal)

**Note:**

1. The loss of card should be reported immediately to the Principal, Shaheed Bhagat Singh College, Delhi-17 and/or to the nearest Police Station.
2. Misuse of the card is an offence and will render the concerned University/ College Employee liable to disciplinary action.

Sr.No. ....



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Recent coloured family photograph (not older than 6 months) of size 6cmX4cm should be pasted here.

### IDENTITY CARD FOR MEDICAL TREATMENT IN THE APPROVED HOSPITALS

**Form should be filled in CAPITAL Letters only**

1. Employee ID : \_\_\_\_\_
2. Name of the Employee : \_\_\_\_\_
3. Father's/ Husband's Name : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Department : \_\_\_\_\_
6. Residential Address : \_\_\_\_\_  
(as in Service Book) \_\_\_\_\_  
\_\_\_\_\_
7. Phone/ Mobile No. : \_\_\_\_\_
8. Acad. Level/Basic pay : \_\_\_\_\_

**If Pensioner:**

9. Pension : \_\_\_\_\_
10. Health Centre Book No. (if any) : \_\_\_\_\_
11. Details of Family Members as per CS(MA) rules :

Sr. No.	Name	Relation with the Employee	Date of Birth	Remarks
1.				
2.				
3.				
4.				
5.				
6.				

Verified by \_\_\_\_\_

Signature of the Employee

## **INSTRUCTION / GUIDELINES:-**

1. For availing the facility under direct payment, the beneficiary must carry the following:-
  - (a) Identity Card Issued from College.
  - (b) Medical I-Card
  - (c) If retired, Copy of WUS Health Centre Card

(Photocopy of all above, duly self-attested should be submitted to the Hospital)
2. Don't insist upon admission for investigation or for Health Check-up.
3. Expenditure towards registration/Admission on Charges, Extra bed for attendant, Expenses on luxury items like radio/TV/AC/Laundry/Telephone, expenses on Vitamins/Tonic if not related to treatment, food & beverages for attendant are not payable under Direct Payment Facility.
4. At the time of discharge, Medical I-Card holder must leave back all the Documents and also sign on the bill.

I have read the above Instruction/Guidelines

Signature of the Employee

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### **NOTE:-**

Misuse of Medical I-card "Under Direct Payment Facility" is a criminal offence. Suitable action including cancellation of medical I-card shall be taken in case of wilful suppression of facts or submission of false information/statements. Suitable disciplinary action shall be taken in case of serving employees.