

SAVITRIBAI PHULE NATIONAL INSTITUTE OF WOMEN AND CHILD DEVELOPMENT 5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

Format of Medical Identity Card for Retirees

| Full Name of the Retiree | : | | |
|--------------------------|---|---|-----------------------------------|
| Designation held | : | ŧ | |
| Date of Birth | : | | Photograph of the |
| Date of Retirement | : | | Retiree |
| PPO No. | : | | |
| Blood Group | : | | |
| Entitlement | : | | |
| Residential Address | : | | |
| Telephone/Mobile No. | : | | Specimen Signature of the Retiree |

Details of Dependents

| S.No. | Name | Photo | Date of Birth | Relationship |
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I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

(Signature of the Retiree)