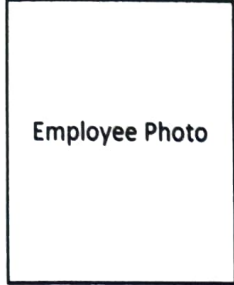




**Swami Shradhanand College
(University of Delhi)
Alipur, Delhi-110036**

Proforma For The Computerized Medical I-Card

Date.....



ID No.....
Name.....
Father's/Husband Name.....
Designation.....Department.....
Pay Scale.....Grade Pay.....
Date of Appointment(DD/MM/YY).....Date of Retirement.....
Mobile No.....Aadhar No.....
Address(As per college records).....
.....
.....

Deails of family members as per CS(MA) rules:-

SN	Name of Member	Relation	Date of Birth

Paste Here Family Group Photo

Employee Signature

Principal