



**HEALTH CARD PERFORMA**

**PERSONAL DETAIL:-**

01	Employee Name	
02	Gender	Male                      Female
03	Date of Birth	
04	Date of Joining	
05	Date of Retirement	
06	Designation	
07	Department / Center / Directorate	
08	C.N.I.C No	
09	UoB ID <i>(As mentioned in Pay Slip)</i>	
10	Permanent Address	

**FAMILY DETAILS:-**

S-No	Family Detail	Name	C.N.I.C No
01	Father's Name		
02	Mother's Name		
03	Spouse Name		
04	Dependents 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.		

**DOCUMENTS REQUIRED FOR HEALTH CARD**

1. Latest Pay Slip Copy.
2. C.N.I.C (Employee Concern and Mature Dependents).
3. Local / Domicile Certificate.
4. Birth Certificate / B-Form (In case of Children / Minors).

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*Signature of Employee*