

FORM FOR ADDITION/DELETION TO FAMILY (IN TRIPLICATE)

1. Number of the Identity Card : _____
2. Name of the Govt. Servant : _____
3. Office in which employed : _____
4. New Addition / Deletion desired : _____

Sl.No.	Name	Date of Birth	Relationship	R e m a r k s
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5. Signature of the Govt. Servant concerned : _____
 6. Signature and Design. of Issuing Authority : _____
 7. Signature of the Medical Officer In-charge
Of the Dispensary : _____

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FORM FOR ADDITION/DELETON TO FAMILY (IN TRIPLICATE)

1. Number of the Identity Card : _____
2. Name of the Govt. Servant/Pensioner : _____
3. Office in which employed : _____
4. New Addition/Deletion desired : _____

Sl.No.	Name	Date of Birth	Relationship	R e m a r k s
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5. Signature of the Govt. Servant concerned : _____
 6. Signature and Designation of Issuing Authority : _____
 7. Signature of the Medial Officer In-Charge
Of the Dispensary : _____

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FORM FOR ADDITION/DELETION TO FAMILY (IN TRIPLICATE)

1. Number of the Identity Card : _____
2. Name of the Govt. Servant/Pensioner : _____
3. Office in which employed : _____
4. New Addition/Deletion desired : _____

Sl.No.	Name	Date of Birth	Relationship	R e m a r k s
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5. Signature of the Govt. Servant concerned : _____
 6. Signature and Designation of Issuing Authority : _____
 7. Signature of the Medial Officer In-Charge : _____
Of the Dispensary