

Identity Card (for Limited Cashless Medical Facility)
Government of Haryana, Department
, Kurukshetra (Regular Employee)

Employee ID:

Name	
Father's Name/ Husband Name	
Department	
Designation	
Date of Issue	
Date of Expiry	

Paste here your
latest passport
size photograph

Head of the Office
(DDO)

BACK SIDE OF THE CARD			
Issue No.		D.O.B.	
UNIC Code No.		D.O.J./D.O. Retirement	
PAN No.		Blood Group	
Aadhaar Card No.		S/o, W/o	
Contact No.		Address	
DEPENDENT DETAILS			
Sr. No.	Name	Relation	Age
1			
2			
3			
4			

Instructions:-

1. This Card is to be produced on demand
2. In the event of its lost, the issuing authority is to be notified immediately.
3. This card is valid for three years only.
4. This Card is the property of Haryana Govt. and is to be returned the issuing authority when the holder is under suspension or is discharged.

Signature of Employee

AFFIDAVIT

I S/o,D/o,W/o Sh.

R/o Haryana do hereby solemnly affirm and declare as under: -

1. That I am a regular employee of Animal and husbandry Department Haryana serving as an & posted at Kurukshetra.

2. That I hereby declare that following are dependent on me.

Name	Relation	Age	Aadhaar Number

DEPONENT

VERIFICATION: -

Verified that the above contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Place: Kurukshetra

Date:/...../2019

DEPONENT