

Format for the Employees of IVRI for Cashless Health Card

<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of Employee</p> <p>Name: Date of Birth: Designation: Place of Posting: Pay Level: Pay in Pay Level: Blood Group: Address for communication:</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 1st Dependent</p> <p>Name: Date of Birth: Relation: Blood Group: Marital status: Income: Employment Status</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 2nd Dependent</p> <p>Name: Date of Birth: Relation: Blood Group: Marital status: Income: Employment Status</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 3rd Dependent</p> <p>Name: Date of Birth: Relation: Blood Group: Marital status: Income: Employment Status</p>

I certify that above information is true to the best of my knowledge and nothing has been suppressed. At any time, any information furnished by me is found false/incorrect. I shall be liable for appropriate action as per rule.

Signature of the Employee: _____
 Email: _____
 Phone/Mobile No.: _____

Verified by the AAO of concerned Establishment

Format for the Pensioners of IVRI for Cashless Health Card

<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of Employee</p> <p>Name: _____ Date of Birth: _____ Designation: _____ Place of Posting: _____ Pay Level: _____ Pay in Pay Level: _____ Blood Group: _____ Address for communication: _____</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 1st Dependent</p> <p>Name: _____ Date of Birth: _____ Relation: _____ Blood Group: _____ Marital status: _____ Income: _____ Employment Status: _____</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 2nd Dependent</p> <p>Name: _____ Date of Birth: _____ Relation: _____ Blood Group: _____ Marital status: _____ Income: _____ Employment Status: _____</p>
<p align="center">Photograph</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p align="center">Details of 3rd Dependent</p> <p>Name: _____ Date of Birth: _____ Relation: _____ Blood Group: _____ Marital status: _____ Income: _____ Employment Status: _____</p>

I certify that above information is true to the best of my knowledge and nothing has been suppressed. At any time, any information furnished by me is found false/incorrect. I shall liable for appropriate action as per rule.

Signature of the Pensioner: _____

Phone/Mobile No.: _____

Signature Pensioner: _____

PPO No. _____

Designation: _____

DOR: _____

Email: _____

Mobile: _____