

(Please attached joint
photograph of family in duplicate size - 2"x4")

SPORTS AUTHORITY OF INDI

(Govt. of India, Ministry of Youth Affairs & Sports)

PARTICULARS FOR ISSUE OF MEDICAL CARD FOR IDENTIFICATION IN CGHS PANEL HOSPITALS

1.	Medical Card No.	
2.	Name of the Employee	
3.	Designation	
4.	Date of Birth	
5.	Date of Joining SAI	
6.	Date of Retirement	
7.	Residential Address	
8.	Basic Pay:+Grade Pay	
9.	Place of Posting	
10.	Identification Marks	
11.	Any other information:	

Depend DETAILS OF FAMILY MEMBERS

SL. No	Name	Relationship with the employee	Blood Group	Date of Birth	Signature of Verifying Officer
1.					
2.					
3.					
4.					
5.					
6.					

NAME & SIGNATURE OF THE APPLICANT
Mob. No.

Date:

