



HAH CENTENARY HOSPITAL

(Associated Teaching Hospital of Hamdard Institute of Medical Sciences & Research)
Guru Ravidas Marg, Hamdard Nagar, New Delhi-110062
Helpline No: 011-29901111, 8588890999



H-2022-1041
Oct 07, 2022 - Oct 06, 2026

Health ID Card Enrolment Form

Important Instructions

(Please read the instructions below carefully before filling out this form)

- Please provide all the information sought in this Application Form & all additional relevant information fully & accurately.
- Please do not leave any space blank or put dashes.
- Details of up to 6 Persons, including the Employee, can be filled in this Application Form. For additional members, please use a fresh form.
- List of documents required is provided in Annexure A.

I. Employee Details (IN BLOCK LETTERS)

Full Name :

Date of Birth: DD/MM/YYYY Gender: Male Female Transgender Marital Status: Single Married Divorced Widowed

Designation: Department: Employee ID:

Aadhaar Card No Mobile E-mail ID:

Address:

City: State: Pin-Code:

II. Enrolment Details

Paste one photograph and sign below. In case of minor, guardian or Employee may sign.

Employee Photo	Dependent 1 Photo	Dependent 2 Photo	Dependent 3 Photo	Dependent 4 Photo	Dependent 5 Photo
Signature	Signature	Signature	Signature	Signature	Signature

All fields are mandatory. Please do not leave any field blank.

Details	Employee	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Full Name (in Block Letters)						
Date of Birth (DD/MM/YYYY)						
AADHAAR No.						
Age						
Gender (M/F/T)						
Height (cm)						
Weight (kg)						
Blood Group						
Marital Status						
Relationship with Employee						
Occupation						

