

# 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



## 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: $\Box$ Single $\Box$ Married $\Box$ Divorced $\Box$ 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						

#### II. Declaration

 $\hfill\square$  I declare that the above information is true to the best of my knowledge.

□ I agree to share my Aadhaar details of self and dependents with HAH Centenary Hospital, New Delhi. I am aware that declaration of wrong dependents will entail disciplinary action against me.

□ I further declare that I undertake to surrender the health ID cards of self and dependents to the HR department along with the No dues submission.

Date: DD/MM/YYYY	Place:	Signature of the Employee:
Name of the Employee (in BLOCK letters):		

#### III. Documents Required

Annexure – A

Please ensure all the following documents are attached along with the completed Application form.

□ Aadhar Card copy

 $\Box$  2 passport size photographs, one of which to be pasted in Section II and another copy of the same photograph is to be submitted with this Application form, with the Employee/dependent's name written on the reverse.

#### IV. Office Use Only

Verified By:	Comments:
Approved By:	Comments:

Details	Employee	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Name						
Health ID Card No.						
UHID						
Valid From						
Valid To						

Date:

Issued By: