Application for Issue of Health Card for PDF/Research Associate/Equivalent

		The state of the s
1. Name of PDF/Research	ch Associate/Equivalent :	
2. School Centre		<i>w</i>
3. Address		
	FOR THE USE OF HEALTH CENTRE	
Mr./Ms./Dr.	is a bonafide PDF/Research Asso	ociate/Equivalent of School /Centre
JNU. His/ he	r identity card no. is and is v	valid up to A sur
of Rs.	may kindly be accepted from him/her towards t	he fee for facility of the Health Control
		the ree for facility of the nearth centre.
	200	
Chief Medical Officer (SAC		
Chief Medical Officer (SAC	3)	Medical Officer
Mr./Ms./Dr.	has deposited a sum of Rs.	vide receipt no
dated (enclose		vide receipt no.
		Chief Medical Officer (SAG)
		I/C Health Centre
		i/C fleatti Celitie
Received the card		
	* *	
	Signature of the	DDE/Bossessh Assessing /5
	Signature of the	PDF/Research Associate/Equivalent
	1	
Instructions:		
mon actions.	The second secon	

- 1. Annual fee Rs. 100.00/month (can pay up to 6 months).
- 2. No reimbursement of any kind is permissible.
- 3. Medicines which are provided to Students will only be provided.