

REGISTRATION FORM FOR BOOKLET
DR. M. A. ANSARI HEALTH CENTER
JAMIA MILLIA ISLAMIA
NEW DELHI

Department/ Section	:	_____	
Faculty/ Office	:	_____	
Name of the Employee	:	_____	
Designation	:	_____	
Status: (Permanent/Temporary/ Contractual/Daily wager)	:	_____	
Emp. ID	:	_____	
FDR No.	:	_____	
Address	:	_____ _____ _____	
Contact Nos.	Office	:	_____
	Residence	:	_____
	Mobile	:	_____

Must: Three individual recent passport size photographs of self and dependents are to be provided with the names written on the back of photograph.

Family Declaration

<u>S. No.</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	-----	-----	-----
2.	-----	-----	-----
3.	-----	-----	-----
4.	-----	-----	-----
5.	-----	-----	-----
6.	-----	-----	-----
7.	-----	-----	-----
8.	-----	-----	-----
9.	-----	-----	-----
10.	-----	-----	-----

**Sign of Head of the Department/
Office Seal**

Sign of applicant

Date: _____