

Form for Health Card

1. Name of the Media Person
(In capital letters)

2. Date of Birth

3. Residential address

4. Name and Address of the Organization

in which working

5. a) Press card number issued by DIP

b) Valid upto

6. Details of the Dependents
(See instructions below)

Sl. No	Name	Date of birth	Relationship with the card holder

7. Nearest Delhi government dispensary/
Hospital

I hereby certify that the above information is correct and complete to the best of my knowledge and belief.

I undertake to surrender the identity/Health card on my ceasing to be an accredited media person with the Government of Delhi.

Signature of the Media person
(Name with Designation)

Checklist of documents to be attached:

YES

NO

1. Two passport size photographs.

2. Copy of the certificate regarding proof of date
of birth of the dependent children mentioned at item no. 6

3. Certificate on the letter head of the organization and duly
signed and stamped by the Office regarding reimbursement
of the medial claim.

To be filled by Applicant:-

I certify that Sh. _____ and Smt. _____ my father and mother do not have income of not more than Rs. 1500/- per month from all sources put together.

Signature of the Media person
(Name with Designation)

Instructions

As per the Delhi Press Reporters Medical Aid Rules 1995, the dependent children below the age of 21 years are only entitled to avail the medial facilities with the Press card holder form Government of Delhi. The parents of the Press card holder having an income of not more than Rs. 1500 per month from all sources put together can also avail the facility.
Performa of Certificate to be given by the employee (item no.3 of checklist;)

To whom so ever it may concern

This is to certify that Shri/Smt//Km. _____ working
in this organization as _____ has not claimed any medical
benefit from this organization, for which she has submitted medical bills to Delhi
Government, for reimbursement.

Signatures of the Editor/Bureau Chief
Office Stamp