

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

1. Name of PDF/Research Associate/Equivalent :
2. School Centre :
3. Address :

FOR THE USE OF HEALTH CENTRE

Mr./Ms./Dr. _____ is a bonafide PDF/Research Associate/Equivalent of School /Centre _____ JNU. His/ her identity card no. is _____ and is valid up to _____. A sum of Rs. _____ may kindly be accepted from him/her towards the fee for facility of the Health Centre.

Chief Medical Officer (SAG)

Medical Officer

Mr./Ms./Dr. _____ has deposited a sum of Rs. _____ vide receipt no. _____ dated (enclosed).

Chief Medical Officer (SAG)
I/C Health Centre

Received the card

Signature of the PDF/Research Associate/Equivalent

Instructions:

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.