

FORM- A

(LEGAL SIZE SCANNING COPY)

DELHI DEVELOPMENT AUTHORITY Ministry of Urban Development Government of India



NOTE:- FORM FILLED CLEARLY IN ENGLISH IN CAPITAL LETTERS AND IN BLUE/BLACK INK ONLY, IS ACCEPTABLE.

Medical Card No.: _____

Name: _____

Designation: _____

D.O.B.: _____

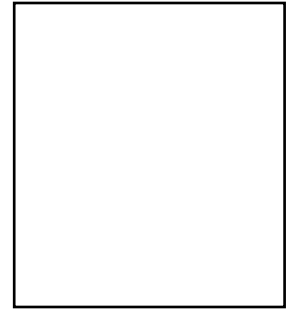
D.O.R.: _____

D.O.I.: _____

Father/Husband Name: _____

Contact No.: _____

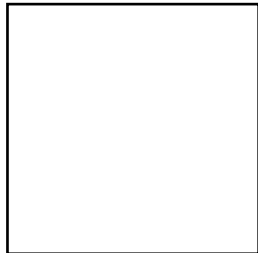
Address: _____



Details of Dependent:

Name of Spouse: _____

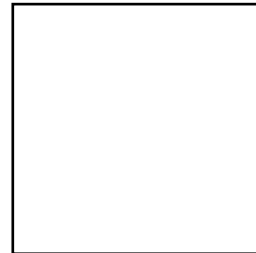
D.O.B.: _____



Name: _____

Relation: _____

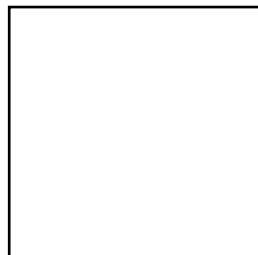
D.O.B.: _____



Name: _____

Relation: _____

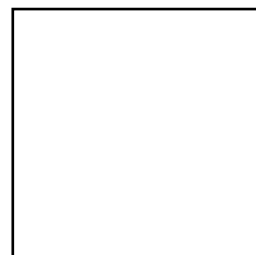
D.O.B.: _____



Name: _____

Relation: _____

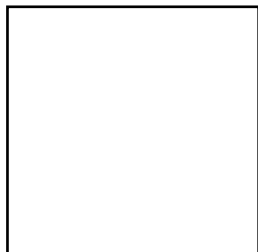
D.O.B.: _____



Name: _____

Relation: _____

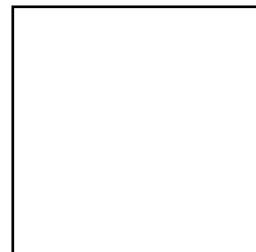
D.O.B.: _____



Name: _____

Relation: _____

D.O.B.: _____



Medical Entitlement: Private/Semi-Private/General

Signature of Applicant

Authorized Signatory

AD (Medical)