

FORM- B

(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.

WHOLE LIFE

Medical Card No.: _____

Name: _____

Designation: _____

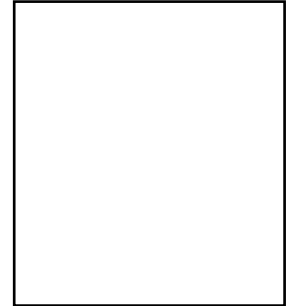
D.O.B.: _____

D.O.R.: _____

Father/Husband Name: _____

Contact No.: _____

Address: _____



Details of Dependent:

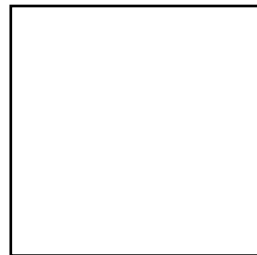
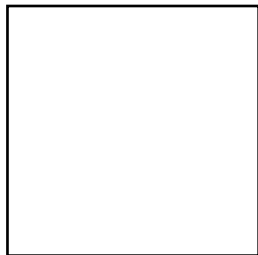
Name of Spouse: _____

Name: _____

D.O.B.: _____

Relation: _____

D.O.B.: _____



Name: _____

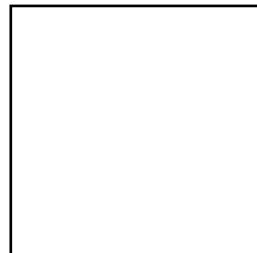
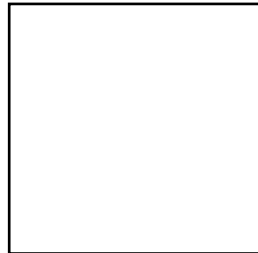
Name: _____

Relation: _____

Relation: _____

D.O.B.: _____

D.O.B.: _____



Name: _____

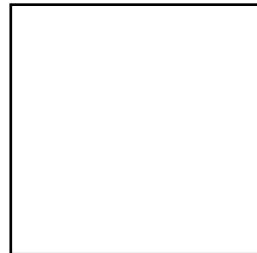
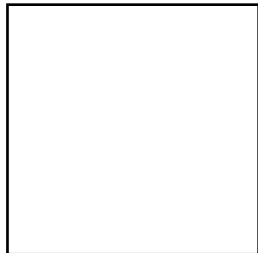
Name: _____

Relation: _____

Relation: _____

D.O.B.: _____

D.O.B.: _____



Medical Entitlement: Private/Semi-Private/General

Signature of Applicant

Authorized Signatory

AD (Medical)