

# FORM- C

(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: \_\_\_\_\_

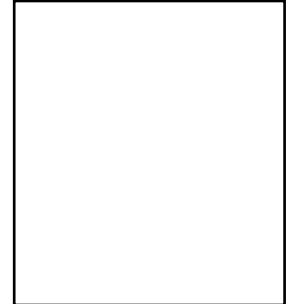
D.O.B.: \_\_\_\_\_

D.O.D.: \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_



## Details of Dependent:

Name : \_\_\_\_\_

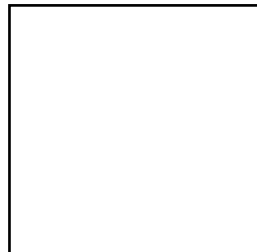
Name: \_\_\_\_\_

Relation : \_\_\_\_\_

Relation: \_\_\_\_\_

D.O.B. : \_\_\_\_\_

D.O.B.: \_\_\_\_\_



Name: \_\_\_\_\_

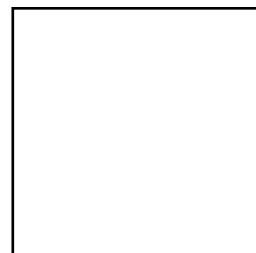
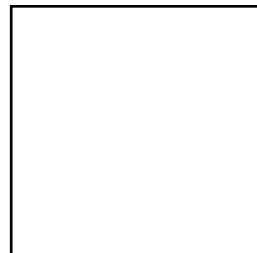
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_



Name: \_\_\_\_\_

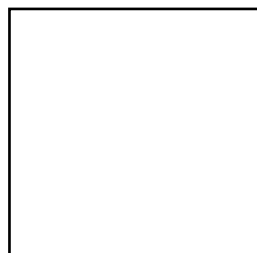
Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_



Medical Entitlement: Private/Semi-Private/General

Signature of Applicant

Authorized Signatory

AD (Medical)