**HIGH COURT OF PUNJAB &HARYANA AT CHANDIGARH**

**No.\_\_\_\_\_\_\_\_\_\_Dated\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL IDENTITY CARD**

**Name :**  **Father's/Husband's Name :**  **Designation : Basic pay :** **Address :**

**Name of the dependents Age Relationship`**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certified that whatsoever is stated above is correct to the best of my knowledge and nothing has been concealed therein.**

**Counter signature Signature of employee**