



डा. बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान, जालन्धर -144011
Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR - 144011

स्वास्थ्य केन्द्र
Institute Dispensary

Database Form of the employees for availing medical facility from the institute dispensary

1. Name of the Employee			
2. Address			
3. Phone			
4. Department			
5. Designation			
6. Number of the Dependents			
7. Dependent Detail	Name of the Dependents	Age	RELATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If any of your family member is in Govt. Job : Yes / No

If Yes Name of the family member : _____ Relation : _____

I _____ Certify that information submitted by me is Correct and any false information submitted by me is liable for recovery of the benefit availed for the same.

Dated :-

Signature of the Employee

Note : Please circulate among all the faculty and Staff.