



UTTAR HARYANA BIJLI VITRAN NIGAM

(A GOVT. OF HARYANA UNDERTAKING)

Identity Card for Cashless Medical Policy (For Regular Employee)

***PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY**

(For Office Use Only)

Employee Unique I.D.

Name of Employee –

Aadhar Card No. –

Mobile No. –

Email Id –

Sex – M F

Designation –

Date of Birth – DD MM YYYY

Date of Joining –

Date of Retirement –

Office Address –

Signature of Employee (In Box)

Signature of Issuing Authority
(In Box)

Seal of Issuing Authority (In Box)

Resi Address _____

Details of Dependent Family Members

SrNo	Name	Gender M/F	Relation F/M/W S/D/H	Aadhar Card Number

Affix a recent Post Card Size Photograph of Employee with dependents
(If there are no one dependent on Regular Employee than
Affix a recent Passport Size Photograph of individual Employee)