



**UTTAR HARYANA BIJLI VITRAN NIGAM**  
(A GOVT. OF HARYANA UNDERTAKING)  
**Identity Card for Cashless Medical Policy (For Pensioner)**

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

(For Office Use Only)

Employee Unique I.D. \_\_\_\_\_

Name of Retiree – \_\_\_\_\_

Aadhar Card No. – \_\_\_\_\_

Mobile No. – \_\_\_\_\_

Email Id – \_\_\_\_\_

Sex – M  F

P.P.O. No. – \_\_\_\_\_

Last Post Held – \_\_\_\_\_

Date of Birth – DD MM YYYY

Date of Joining –

Date of Retirement –

Office Address – \_\_\_\_\_

Signature of Retiree (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 Pensioner with dependents  
(If there are no one dependent on Pensioner than  
Affix a recent Passport Size Photograph of individual Pensioner)