

Annexure – I

| DETAILS FOR NUEPA HEALTH CARD | |
|--------------------------------------|------------------------------|
| | |
| Name | |
| Designation | |
| Date of Birth | |
| Blood Group | |
| Entitlement | Private/Semi-Private/General |
| Date: | |
| Place : | Signature of the Employee |

Annexure - II

| DETAILS OF DEPENDANTS FOR NUEPA HEALTH CARD | |
|---|--------------------|
| Name | |
| Date of Birth | |
| Blood Group | |
| Occupation | |
| Address | |
| | |
| | |
| | |
| Employee's Name | |
| Designation | |
| Relationship with Employee | |
| DECLARATION | |
| <p>I hereby certify that the person mentioned above is my family member as defined by the Govt. of India Medical Attendance rules and is solely dependent on me. His/Her income from all sources does not exceed Rs.3,500/- per month. Further He/ She is not availing medical reimbursement from his/her employer or member of any Medical Scheme.</p> | |
| Date: | Signature |
| Place : | Name & Designation |