

Family Card Form

1. Name of the Student
2. School/Centre
3. Address
4. Whether Husband/Wife Employed
5. Incase Employed
 - (a) Name of the Employer
 - (b) Address of the Office
 - (c) Whether availing medical facility _____ Yes/No _____
From the employee (Attach Documents proof)

6. Details of the family member:

Sl.No.	Name	Relationship	Age/Sex
1.			
2.			
3.			

Signature of the Student

FOR THE USE OF HEALTH CENTRE

Mr/Ms/Dr/_____ is a benefited student of School/Centre _____ JNU. His/her identity card no. is _____ and is valid up to _____. A sum of Rs. _____ may kindly be accepted from his/her towards the fee for facility on the health Centre He has submitted necessary proof regarding medical facility extended to his/her spouse.

Chief Medical Officer(SAG)

Staff Nurse

Dr./Mr./Ms./_____ has deposited a sum of Rs. _____ vide receipt No. _____ dated(enclosed).
Health Centre card may be issued.

Chief Medical Officer(SAG)
I/C, Health Centre

Received the Card

Signature of the Student

Instructions

1. Annual fee Rs. 50/-
2. Semester facility from July to July
3. No Re-imbusement of any kind is permissible
4. Medicines which are available at the health Centre will only be provided.