

**Delhi State Industrial & Infrastructure Development Corporation Ltd.**  
**(Personnel Division)**

Date: - \_\_\_\_\_

File. No. \_\_\_\_\_

Name of the employee \_\_\_\_\_

Regular/Deputation

Present post \_\_\_\_\_

Place of posting \_\_\_\_\_

Pay Band /Pay level \_\_\_\_\_

Permanent Residential Address \_\_\_\_\_

Present Residential Address \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email ID:- \_\_\_\_\_

<i>Name &amp; details of self/ family member (only dependant)</i>	<i>D.O.B.</i>	<i>Age</i>	<i>Male/ Female</i>	<i>Relationship with employee</i>	<i>Whether employed/unemployed (Specify Pvt. /Govt).</i>	<i>Are you/dependants attached with other medical schemes - Specify</i>
				<i>Self</i>		

*I solemnly declare all the above particulars of facts and information stated are correct to the best of my belief and knowledge.*

**Encl:**

- 1) *NOC from the office of spouse*
- 2) *DGEHS/CGHS withdrawal detail*

**Signature of the employee**

**Date :**