



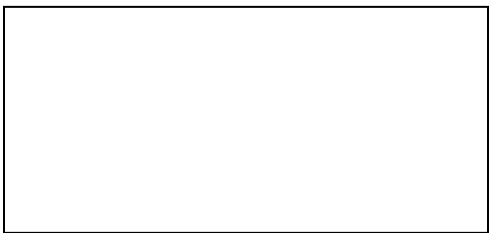
Health Staff Identity Card Proforma

ID No: _____

(To be filled by Dept.of Health)

1. Name _____
Other Name, if any: _____
2. Father's Name: _____
3. Designation _____
4. Date of Joining(DoH) _____
5. Name of PHC/Hospital/Clinic/Ngoenga School: _____
6. Date of Birth: _____ Place: _____
7. Blood Group _____
8. RC/PP No.: _____
9. Green Book No.: _____
10. Date & Place of arrival in India(if born in Tibet): _____
11. Pernament Address: _____

12. Old ID number _____(if any)



Concerned Rep. Officer/Exe. Secretary/Director Signaturespecimen of ID holder

(Signature and

stamp)(You must sign with black OHP

marker pen or sign pen within the box)