



Health Staff Identity Card Proforma

ID No: _____

1. Name _____

Other Name, if any _____

2. Father's Name _____

3. Designation _____

4. Date of Joining _____

5. Staff Type (Contract/ Permanent)/Contract Period _____

6. Name of PHC/Hospital/Clinic/Ngoenga School: _____

7. Date of Birth: _____ Place: _____

8. Blood Group _____

9. RC/PP No.: _____

10. Green Book No.: _____

11. Date & Place of arrival in India (if born in Tibet): _____

12. Permanent Address: _____

13. Old ID number _____ (if any)



Passport Photo



Settlement Officer /Exe. Secretary/Director
(Signature and stamp)

Signature specimen of ID holder
(You must sign with black OHP marker
pen or sign pen within the box)