

CCS HARYANA AGRICULTURE UNIVERSITY, HISAR

Health Card Proforma for dependants

Family Photo

1. Name of Dependant : \_\_\_\_\_
2. Dependant of : \_\_\_\_\_
3. Deptt. : \_\_\_\_\_
4. Age/DOB : \_\_\_\_\_
5. Gender : \_\_\_\_\_
6. Address : \_\_\_\_\_
7. Unique ID : \_\_\_\_\_
8. Blood Group : \_\_\_\_\_
9. Email Id : \_\_\_\_\_
10. Allergic to Medicine : \_\_\_\_\_
11. Other Dependents : \_\_\_\_\_

Sr. No.	Name	Age	Gender	Relation	Aadhar No.	Contact No.	Married/ Unmarried	Employeed/not/ Retd
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1.

2.

3.

4.

5.

6.

H.O.D.

Countersigned by SMO