

NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT

Format of Medical Identity Card for Retirees

Full Name of the Retiree	:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Photograph of the Retiree </div>
Designation held	:		
Date of Birth	:		
Date of Retirement	:		
PPO No.	:		
Blood Group	:		
Entitlement	:		Specimen Signature of the Retiree
Residential Address	:		
Telephone/Mobile No.	:		

Details of Dependents

S.No.	Name	Photo	Date of Birth	Relationship
1.				
2.				
3.				
4.				

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

(Signature of the Retiree)