HEALTH CARD

EMPLOYEE ENROLMENT FORM

Employee code [as given by DTA]:																
Tick the one you possess: □Aadhaar Card Number □Aadaar Enrolment Receipt Number																
Aadhaar card number [12 digit]:																
Aadhaarenrolment number [28 digit]:																
PERSONAL DETAILS*																
Name [as in Service Regi	Name [as in Service Register]:															
Sex: □Male □Female	Comn	nunity:	□ SC □	ST 🗖 BC 🛚	⊐ MI	N. 🗖 O	THERS	Marita	al stat	tus: 🗖 S	ngle□Ma	rried□□	Divorced	⊒ Widov	ved	
Date of Birth [dd-mm-yyyy]: Date of Joining service[dd-mm-yyyy]:																
Disabled? ☐ Yes ☐ No ☐ Disability: ☐ Orthopaedic ☐ Vis					□Vis	sual Disability Percent					Percent:					
RESIDENTIAL ADDRESS	S															
House Number:	e Number: Street:						District:									
Tick one: Mandal/Municipality Name:					Village/To					own/City name:						
□Mandal□Muncipality																
Mobile Number [personal cell]:																
Email:																
OFFICE ADDRESS																
House Number: Street:					District:											
Tick one: Mandal/Municipality Name:									Village/Town/City name:							
□Mandal□Muncipality																
Mandal/Municipality Name:				Mobile Number [office cell if it exists				t exists]:	Т	1	T		ı	¬		

CURRENT TO THE TAILS*						
Pay Grade [write your paygrade as per PRC, from 1 to 32]:						
Source [write your source PRC 93, PRC 99, PRC 2005, PRC 20	10]:					
Pay Scale [write your payscale]:	Current Pay[write your currenty pay]:					

ATTACHMENTS*

SELF

Service Register (two pages): Scan the pages 1 and 2 of old service register (or) pages 4 and 5 of new service register with your name etc. clearly visible

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the Aadhaar enrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.

Disabled Certificate: Scan your disability certificate if you are disabled.

DEPENDENT FAMILY MEMBERS

Photo: Scan a 45 mm x 35 mm ICAO compliant passport size colour photograph of 200 Kb size.

Aadhaar Card/Receipt: Scan the Aadhaar card with your name and number clearly visible if you are giving the Aadhaar number (or) scan the

Aadhaarenrolment receipt with your name and enrolment number clearly visible if you are giving the Aadhaar enrolment number.
DoB Certificate: Scan the Date of birth certificate if the dependent family member is less than 5 years of age.
Disabled Certificate: Scan disability certificate if family member is disabled.

DEPENDENT FAMILY MEMBER DETAILS							
Relationship	Name	Sex (tick one)	DoB (dd-mm- yyyy)	AadhaarNumber (tick one and write the number)	Disability		
		ом оғ		□ Aadhaar No □ Enrolment No	□ Ortho □Blind □Hearing □Mental Percent:		
		Г	PRTU	□ Aadhaar No □ Enrolment No	□ Ortho □ Blind □ Hearing □ Mental Percent:		
		ом оғ		□ Aadhaar No □ Enrolment No	□ Ortho □ Blind □ Hearing □ Mental Percent:		

	□М □F	□ Aadhaar No □ Enrolment No □ IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	□ Ortho □Blind □Hearing □Mental Percent:				
	□М □F	□ Aadhaar No □ Enrolment No	□ Ortho □Blind □Hearing □Mental Percent:				
	Г	PRTU	□ Ortho □Blind □Hearing □Mental Percent:				
DECLARATION*							
The above information is true to the best of my knowledge. I agree to share my Aadhaar details of self and family with Government of Pradesh. I am aware that declaration of wrong dependents will entail disciplinary action against me. **Employee's signature:** **Date:**							