



# नैनो विज्ञान एवं प्रौद्योगिकी संस्थान

(विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार का एक स्वायत्त संस्थान)

## Institute of Nano Science and Technology

(An Autonomous Institute of Department of Science and Technology, Govt. of India)

**Form No.30**

### REQUISITION FOR MEDICAL CARD

Name of Employee (in Block Letters) : \_\_\_\_\_

Designation : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Date of Joining : \_\_\_\_\_

Contact Details : Mobile \_\_\_\_\_ Email \_\_\_\_\_

List of Dependents

Passport size  
photograph of  
Employee

S.#	Name	Date of Birth	Relation	Coloured Passport Size Photo

Whether a Medical Card previously issued : Yes / No  
(if yes, the previous I/card to be surrendered with this form)

Date:

Signature of Employee

P.T.O.

**(FOR OFFICE USE)**

The above particulars are verified from the office records

Approved / Not Approved

**Dealing Assistant**

**Head of Office**