



# HAH CENTENARY HOSPITAL

(Associated Teaching Hospital of Hamdard Institute of Medical Sciences & Research)

Guru Ravidas Marg, Hamdard Nagar, New Delhi-110062

Helpline No: 011-29901111, 8588890999



H-2022-1041  
Oct 07, 2022 - Oct 06, 2026

## Health ID Card Enrolment Form

### Important Instructions

(Please read the instructions below carefully before filling out this form)

- Please provide all the information sought in this Application Form & all additional relevant information fully & accurately.
- Please do not leave any space blank or put dashes.
- Details of up to 6 Persons, including the Employee, can be filled in this Application Form. For additional members, please use a fresh form.
- List of documents required is provided in Annexure A.

### I. Employee Details (IN BLOCK LETTERS)

Full Name : .....

Date of Birth: DD/MM/YYYY Gender:  Male  Female  Transgender Marital Status:  Single  Married  Divorced  Widowed

Designation: ..... Department: ..... Employee ID: .....

Aadhaar Card No ..... Mobile ..... E-mail ID: .....

Address: .....

City: ..... State: ..... Pin-Code: .....

### II. Enrolment Details

Paste one photograph and sign below. In case of minor, guardian or Employee may sign.

<i>Employee Photo</i>	<i>Dependent 1 Photo</i>	<i>Dependent 2 Photo</i>	<i>Dependent 3 Photo</i>	<i>Dependent 4 Photo</i>	<i>Dependent 5 Photo</i>
<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>

All fields are mandatory. Please do not leave any field blank.

Details	Employee	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Full Name (in Block Letters)						
Date of Birth (DD/MM/YYYY)						
AADHAAR No.						
Age						
Gender (M/F/T)						
Height (cm)						
Weight (kg)						
Blood Group						
Marital Status						
Relationship with Employee						
Occupation						

**III. Declaration**

- I declare that the above information is true to the best of my knowledge.
- I agree to share my Aadhaar details of self and dependents with HAH Centenary Hospital, New Delhi. I am aware that declaration of wrong dependents will entail disciplinary action against me.
- I further declare that I undertake to surrender the health ID cards of self and dependents to the HR department along with the No dues submission.

Date: ..DD/MM/YYYY Place: ..... Signature of the Employee: .....

Name of the Employee (in BLOCK letters): .....

**IV. Documents Required**

**Annexure – A**

Please ensure all the following documents are attached along with the completed Application form.

- Aadhar Card copy
- 2 passport size photographs, one of which to be pasted in Section II and another copy of the same photograph is to be submitted with this Application form, with the Employee/dependent’s name written on the reverse.

**V. Office Use Only**

Verified By: ..... Comments: .....

Approved By: ..... Comments: .....

Details	Employee	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Name						
Health ID Card No.						
UHID						
Valid From						
Valid To						

Date: ..... Issued By: .....