



DYAL SINGH EVENING COLLEGE

(A Full-fledged Day College), University of Delhi

Lodhi Road New Delhi 110003

Phone: 011-24367658 Fax 01124369983 www.dsce.du.ac.in.

Ref. No... 146/P/EC

Date- 15.05.2026

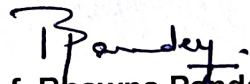
OFFICE ORDER

1. It has been decided that newly designed Identity Card / Medical Card will be issued to all Teaching & Non-Teaching Staff as current cards will soon be discontinued. The college has made in-house arrangements for the same considering the issues faced by the Teaching & Non-Teaching Staff. The following documents may please be submitted through college e-mail **latest by 24.05.2026** to avoid inconvenience at later stage :-

- 1.1 Employee Photo scanned in High Resolution.
- 1.2 Joint Photograph of family for Medical Card scanned in High Resolution.
- 1.3 Signature of employee on white paper scanned in High Resolution.
- 1.4 Form as per attached format duly filled in CAPITAL LETTERS.
- 1.5 Dependent Certificate as per attached format duly filled in CAPITAL LETTERS.

2. The undersigned has earlier issued Notice dated 20.04.2026 on college website for submission of Dependent Certificate by all Teaching & Non-Teaching Staff. However, it is observed that large number of staff have not submitted the Dependent Certificate which is leading hindrance in the settlement of various claims. **Most of the forms submitted in the office are incomplete or partially filled and therefore the same cannot be processed.** The staff who have submitted the form earlier may either confirm the correctness from the college or can submit the form through e-mail again as per the aforesaid instructions.

3. This is for information and compliance by all concerned please.


(Prof. Bhawna Pandey)
Principal

College Website

Staff Room

SO (Admin)

SO (Accounts)

DYAL SINGH EVENING COLLEGE

FORM FOR ISSUE OF NEWLY DESIGNED IDENTITY CARD & MEDICAL CARD

THIS FORM MUST BE FILLED IN CAPITAL LETTERS ONLY

Employee ID	-	
Name	-	
Father's Name	-	
Designation	-	
Department	-	
Mobile Number	-	
Blood Group	-	
Date of Birth	-	
Date of Appointment	-	
Date of Retirement	-	
Address	-	
Pay Level & Basic Pay	-	

DETAIL OF DEPENDENT FAMILY MEMBERS FOR MEDICAL CARD

S.No	Dependents Name	Date of Birth	Relationship	Blood Group
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Dated :

2026

(Signature of Employee)

DYAL SINGH EVENING COLLEGE

DEPENDENT CERTIFICATE / DECLARATION FORM

Name: _____ Designation: _____

Department: _____ Date of Appointment: _____

DEPENDENT PARTICULARS

S.No	Full Name	Relation ship	Date of Birth	Occupation	Employer Name & Address (If Employed)	Monthly Income (All Sources)	Remarks
1							
2							
3							
4							
5							
6							

UNDERTAKING & DECLARATION

I hereby declare that the particulars provided above are true and correct to the best of my knowledge. Any changes in the status of dependency (due to employment, marriage, etc.) will be intimated to the Admin Section immediately. In case of any discrepancy found during an audit or verification, I shall be held personally responsible for any financial recovery or disciplinary action.

Date: _____

(Signature of the Employee)

FOR OFFICE USE ONLY

- Verified by : _____
- Status: [] Accepted / [] Returned for Correction
- Date of Entry in Service Book: _____