


DYAL SINGH EVENING COLLEGE, LODI ROAD, NEW DELHI

Friday, 20 March 2026

NOTICE

All Teaching and Non-Teaching Staff are hereby informed that requests for modification, addition, or deletion of the details **in the Medical Card** may be submitted as per requirement.

The prescribed form for the same can be downloaded from the College website. Duly filled forms should be submitted to the **Administration Office** along with relevant supporting documents.


(Prof. Bhawna Pandey)

Principal



DYAL SINGH EVENING COLLEGE, LODI ROAD, NEW DELHI.

**APPLICATION FORM FOR ADDITION/DELETION/
MODIFICATION IN MEDICAL CARD**



1. I D.No./Medical Card No. :
2. NAME :
3. FATHER'S NAME :
4. DEPARTMENT :
5. ADDRESS :
6. CONTACT NO. :
7. NEW ADDITION/DELETION/
MODIFICATION :

Sl. No.	Name	Date of Birth	Relation

SIGNATURE _____

Name :

Department:

Date:

Dealing Assistant

S.O. Admin.

Principal

Note: The form must be duly filled and submitted to Administration Office along with family photographs and all relevant supporting documents.