

**Directorate of Information and Publicity  
Government of NCT of Delhi  
Block no 9, Old Sectt  
Delhi-110054**

**Form for Health Card**

1. Name of the Media Person  
(In capital letters)

2. Date of Birth

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3. Residential address

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4. Name and Address of the Organisation

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in which working

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5. a) Press card number issued by DIP

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b) Valid upto

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6. Details of the Dependents  
(See instructions below)

Sl. No	Name	Date of birth	Relationship with the card holder

7. Nearest Delhi government dispensary/  
Hospital

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I hereby certify that the above information is correct and complete to the best of my knowledge and belief.

I undertake to surrender the identity/Health card on my ceasing to be an accredited media person with the Government of Delhi.

**Signature of the Media person**

**Checklist of documents to be attached:**

	<b>YES</b>	<b>NO</b>
1.Two passport size photographers.	<input type="checkbox"/>	<input type="checkbox"/>
2.Copy of the certificate regarding proof of date of birth of the dependent children mentioned at item no. 6	<input type="checkbox"/>	<input type="checkbox"/>
3.Certificate on the letter head of the organization and duly signed and stamped by the Office regarding reimbursement of the medial claim.	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions**

1. As per the Delhi Press Reporters Medical Aid Rules 1995, the dependent children below the age of 21 years are only entitled to avail the medial facilities with the Press card holder form Government of Delhi. The parents of the Press card holder having an income of not more than Rs. 1500 per month from all sources put together can also avail the facility.
2. Performa of Certificate to be given by the employee (item no.3 of checklist;)

**To whom so ever it may concern**

This is to certify that Shri/Smt//Km.\_\_\_\_\_working  
in this organization as \_\_\_\_\_ has not claimed any medical  
benefit from this organization, for which she has submitted medical bills to Delhi  
Government, for reimbursement.

**Signatures of the Editor/Bureau Chief**

**Office Stamp**