

Application Form for Renewal/ Add of EHS Booklet

Name of the Employee: _____ EHS No.: _____

Designation and Department/Office _____

Residential Address: _____

Email ID: _____ Contact No: _____

Details of Family member:

S.No	Name	Age	Relationship with Employee
1			
2			
3			
4			
5			
6			
7			

Furnish details of any modification in Family (on account of birth, death, marriage, marriage of daughter, Son more than 25 years, changed in income status of dependent parent, disability etc.). Refer to Definition of Family in EHS manual, AIIMS Rishikesh.

Photo			
Name			
Relationship with Employee			
Date of Birth			
Reason for Modification			
Dependent ID			
Proof of Relationship			
Proof of Residence (if applicable)			

DECLARATION

I hereby declare that the statements made above are true and that the persons included in the details of family are wholly dependent on me and that no information has been concealed or has been misrepresented and I stand by the same.

Dated:

Administrative officer (countersigned)
AIIMS Rishikesh

Signature of Employee

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FOR OFFICIAL USE

The information furnished by the applicant has been verified and found to be correct and EHS subscriptions are being deducted every month from the salary of the applicant.

EHS Nodal Officer
AIIMS, Rishikesh

Countersigned by Medical Superintendent
AIIMS, Rishikesh