

**DELETION/ADDITION OF FAMILY (IN DUPLICATE)**

- 1. No. of the Identity Card :
- 2. Name of Govt. Servant :
- 3. Office/Department :
- 4. New Addition/Deletion :

Name	Date of Birth	Relationship	Identification Marks

- 5. Signature of Govt. Servant/Pensioner :
- 6. Signature & Designation of Issuing Authority :
- 7. Signature of Medical Officer I/c of the Dispensary :

Dated :

Remarks :

**Sr. Audit Officer (Admn.)**