DETAILS FOR HEALTH CARD APPLICANT DETAILS FORM - I

APPLICANT DETAILS www.wgmts.com			
Emp Treasury Code		Emp. Name	
Sector Type	ZP/ MP	Department code	School Education
Employee Designation		Date of Birth (dd/mm/yyyy))
Gender	Male / Female	Blood Group	A+, A-, B+, B-, AB+, AB-, O+, O-
Marital Status		DDO Code	
Designation Status Gaze	tted / Non Gazetted / Class IV / Parrtime / Contract	PRC Code	PRC 2010
Pay Scale	Parrtime / Contract	Present Basic Pay	
, -,	OFFICIAL	ADDRESS	
School Name & Village		Email	
Phone No		Pin Code	
Thome 140	RESIDENTI	AL ADDRESS	
Address:	REGIDENTIA		
		Place	
City		Pin Code	
		Mobile No.	
Email A	DDITIONAL	NFORMATION	
GPF No	DUITIONALI	ZPPF No	
Class IV GPF		PRAN No	
APGLI No		PAN No	
Ration Card No	DEDENIBER	Adhar Card No	
	DEPENDE	NT DETAILS	
Dependent Name (1)		Dependent Name (2)	
Date of Birth		Date of Birth	
Relationship with Employee		Relationship with Employee	
Gender		Gender	
Marital Atatus		Marital Atatus	
Employment Status		Employment Status	
Dependent Emp. Code Blood Group		Dependent Emp. Code Blood Group	
Dependent Name (3)		Dependent Name (4)	
Date of Birth		Date of Birth	
Relationship with Employee		Relationship with Employee	<u> </u>
Gender		Gender	,
Marital Atatus		Marital Atatus	
Employment Status		Employment Status	
Dependent Emp. Code		Dependent Emp. Code	
Blood Group		Blood Group	
Dependent Name (5)		Dependent Name (6)	
Date of Birth		Date of Birth	
Relationship with Employee		Relationship with Employee	2
Gender		Gender	
Marital Atatus		Marital Atatus	
Employment Status		Employment Status	
Dependent Emp. Code		Dependent Emp. Code	
Blood Group		Blood Group	
Dependent Name (7)		Dependent Name (8)	
Date of Birth		Date of Birth	
Relationship with Employee		Relationship with Employee)
Gender		Gender	
Marital Atatus		Marital Atatus	
Employment Status		Employment Status	
		Dependent Emp. Code	
Dependent Emp. Code Blood Group		Blood Group	