## DELHI DEVELOPMENT AUTHORITY WELFARE SECTION

Form 4 Medical card No.

## Application for grant of Relief of distress sickness etc. for staff in grade pay upto Rs. 4800/-

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1.	Name of the DDA employee	
2.	Father's /Husband Name of	110
* -	DDA employee	
3.	Date of birth.	l.etter No
4.	Date of apptt. in DDA	
5.	Designation.	134
6.	UID No.	
7.	Pay Band/Grade Pay	The secretary was a second
	(attached latest Pay Slip)	
8.	Department/Division.	
9.	Contact No/Mobile No	
10	Leave on till date.	
11	Sick from which date	
12	Last salary drawn on which date.	
13	Without salary from which	
	date.	
14	If any leave	
	i) leave not due but sanctioned	*
	ii) Letter of sanction of leave without	
	pay	κ.
	iii)Duration	
	iv)Date.	

Signature of the Employee.

## Signature of the leave account holding officer.

1	Name of the Hospital in which employee is/was admitted.
2	Admission date
3	Name of the Hospital whether em paneled for that disease or not
4	Name of the disease.
5	From which employee is sick.
6	From which date leave going on
7	Discharge date but still sick.
8.	Date of fitness certificate given to employee.

Signature

Name of Doctor Designation/Stamp of Hospital

(E)

Letter No.

Date.

Personnel Officer, DDA for necessary action.

Signature of the Assistant Account Officer

Name:

Designation

Office Stamp.