

1.

GOVERNMENT OF KERALA



**NATIONAL
HEALTH MISSION**

District Programme Monitoring and Support Unit
Name of District : _____
Phone: _____ email: _____

NHM ID
NAME (ARIEL 9 pt)
Designation (Arial 8 pt)
Valid upto (Arial 8 pt)

Signature

Name
District Programme Manager

www.aogyakeralam.gov.in

Date of Issue : _____
Residential Address : _____

Landline : _____
Mobile : _____
Email ID : _____
Date of Birth : _____
Blood Group : _____
PAN Card : _____
Driving License : _____

Employee's Signature

1. The holder of the card is responsible for the safe keeping.
2. The holder while on duty must produce the card on demand by security staff or any other officer authorised by the Government
3. Loss or theft of this card must be immediately reported to the Authorised Signatory
4. A charge will be levied for issue of a new card
5. This card is not transferrable and must be surrendered immediately upon termination of contract or service

