

DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR VI, ROHINI, DELHI-85

F. No. 8 (8)/PWD-Misc-correspondence / CT/BSAH/2019-20/ Part file-I

Dated:

CIRCULAR

4098

04/03/2024

It is informed that main parking is reserved only for employees of Dr. BSA Hospital and Medical College. No public vehicles shall be allowed in this reserved parking area. For easy identification of staff vehicle employees shall be provided with parking stickers for affixing on the front of the vehicle. The employees who are not having parking stickers are supposed to show their identity card on demand by the guard on duty.

All staff members who don't have identity card & parking sticker are directed to apply for the same in room no.2259 to Ms. Meenu Tomar & Ms. Sweta Mishra (Suptd. Hospital Manager Caretaking) , by submitting the duly filled format for the purpose at the earliest.

Format for identity card & parking sticker are enclosed.

o/c

PSKhatana
(DR. P.S KHATANA)
Medical Director

F. No. 8 (8)/PWD-Misc-correspondence / CT/BSAH/2019-20/ Part file-I
Copy forwarded for information & necessary action to:

Dated:

1. PS to MD for information.
2. AMS (A), AMS (I), AMS (E), AMS (HQ), Dr. BSA Hospital.
3. DMS (A), DMS (M), MS (A&E) , Dr. BSA Hospital.
4. Consultant Material Management, Consultant OPD (Service), Consultant (IT & Communication).
5. All HODs for information & circulation among to all Subordinate staff.
6. All MO I/Cs & Nodal Officers.
7. DNS/ All ANSs/- for information & circulation among all Nursing Officer Incharges.
8. Asst. Programmer for uploading of Hospital website.
9. Notice Board of the hospital.
10. Guard File.

4099

4057

04/03/2024

o/c

PSKhatana
(DR. P.S KHATANA)
Medical Director

Atk Prat.

to upload on
hosp. site
04/03/24



DR. BABA SAHEB AMBEDKAR HOSPITAL
(GOVT. OF NCT OF DELHI)
SECTOR 6, ROHINI, DELHI 110085

APPLICATION FOR ISSUE OF PARKING STICKER (RESIDENT DOCTOR)

S N	Particulars	Details (In Capital Letters)
1	Name Of The Applicant	
2	Employee Id No	
3	Father's/ Husband's Name	
4	Designation	<input type="checkbox"/> Junior Resident / <input type="checkbox"/> DNB Resident/ <input type="checkbox"/> Senior Resident
5	Date of Joining	
6	Validity **	Valid till (Junior Resident: One year - 06 months / DNB Resident: 2 or 3 year/ Senior Resident: Three year - One year)
7	Date Of Birth	
8	Blood Group	
9	Mobile Number	
10	Office Address	Department : Dr Baba Saheb Ambedkar Hospital, Govt of NCT of Delhi, Sec - VI, Rohini, Delhi : 110085
11.	Type of Vehicle & Model	2 Wheeler (Scooty / Motorcycle) 4 Wheeler
12	Vehicle Registration No.	
13.	(Self Attached) Copy of Vehicle registration Certificate attached	Yes <input type="checkbox"/> No <input type="checkbox"/>

** to be filled by office

Affix passport size Photo	Signature of applicant	Signature of HOD:
		Particulars verified by Dealing Asstt:

Parking sticker may be issued as per particulars furnished by the applicant and verified by the office.

Date.....

Place

Signature of Issuing Authority

DR. BABA SAHEB AMBEDKAR HOSPITAL
GOVERNMENT OF NCT OF DELHI
SECTOR-6, ROHINI, DELHI-110085

Paste recent color
photograph

Signature of Applicant



APPLICATION FORM FOR ISSUE OF PARKING STICKER

S.No.	Particulars	Details (In Capital Letters)
1.	NAME OF THE APPLICANT	
2.	EMPLOYEE ID NO	
3.	FATHER / HUSBAND NAME	
4.	DESIGNATION	
5.	NATURE OF JOB (REGULAR / CONTRACT)	
6.	DATE OF BIRTH	
7.	Blood Group	
8.	Contact No: a. Mob No	
	b. Landing No. (Residence)	
9.	ADDRESS: a. Correspondence	
	PermanentPin Code :
	Pin Code :
10.	Type of Vehicle and model	2 Wheeler (Scooty / Motorcycle)
		4 Wheeler
11.	Vehicle Registration No.	
12.	(Self Attached) Copy of Vehicle registration Certificate attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Self Attached copy of Govt. ID card (if any)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of HOD/ Controlling Officer..... Particulars verified by Dealing Assistant
Parking Sticker may be issued as per particulars furnished by the applicant and verified by the office.

Date..... Place..... Signature of Issuing Authority.....

DR BABA SAHEB AMBEDKAR HOSPITAL
GOVERNMENT OF NCT OF DELHI
SEC - VI, ROHINI, DELHI - 110089

Signature of Applicant

APPLICATION FORM FOR ISSUE OF IDENTITY CARD

APPLICATION FORM FOR ISSUE OF IDENTITY CARD		
S N	Particulars	Details (In Capital Letters)
1	NAME OF THE APPLICANT	
2	EMPLOYEE ID NO	
3	FATHER / HUSBAND NAME	
4	DESIGNATION	
5	NATURE OF JOB (REGULAR / CONTRACT)	
6	DATE OF BIRTH	
7	Blood Group	
8	Contact No: a. Mob No.	
	b. Landline No. (Residence)	
9	ADDRESS: a. CorrespondencePin Code :
	b. PermanentPin Code :

Signature of HOD / Controlling Officer.

Particulars verified by Dealing Assl.

Card may be issued as per particulars furnished by the applicant and verified by the office.

Date _____ Place _____

Signature of Issuing Authority

Scanned with CamScanner

Scanned with CamScanner

Scanned with CamScanner

**DR BABA SAHEB AMBEDKAR HOSPITAL
GOVERNMENT OF NCT OF DELHI
SEC -VI, ROHINI, DELHI - 110085**

APPLICATION FORM FOR ISSUE OF IDENTITY CARD

S.NO	PARTICULARS	DETAILS (In Capital Letters)
1	NAME OF THE APPLICANT	
2	EMPLOYEE ID NO	
3	FATHER/HUSBAND NAME	
4	DESIGNATION	Junior Resident /DNB Resident /Senior Resident
5	DATE OF JOINING	
6	Validity**	Valid till..... Junior Resident :Six Month/One Year DNB Resident: 2 or 3 year / Senior Resident: Six Month/One Year / Three year
7	DATE OF BIRTH	
8	BLOOD GROUP	
9	MOBILE No.	
10	OFFICE ADDRESS	Department :..... Dr. Baba Saheb Ambedkar Hospital, Govt of NCT of Delhi , Sector-6, Rohini , Delhi-110085

** to be filled by office

Affix passport Size Photo	Signature of Applicant	Signature of HOD
		Particular verified by Dealing Assistant

I Card may be issued as per particulars furnished by the applicant and verified by the office.

Date

Place.....

Signature of issuing Authority