

**HARYANA VIDHAN SABHA  
SECRETARIAT, CHANDIGARH**

1. Card No.     /2019.

Name : \_\_\_\_\_  
Father's/Husband's Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date of issue : \_\_\_\_\_  
Date of Expiry : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Aadhar Card No. : \_\_\_\_\_  
Address & Mobile No. : \_\_\_\_\_  
: \_\_\_\_\_

Holder's Signature

Issuing Authority

**DETAILS OF DEPENDENTS**

Sr. No.	Name	Sex	Age	Relation
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			