



CENTRAL UNIVERSITY OF SOUTH BIHAR

SH-7, Gaya-Panchanpur Road, Village-Karhara, PO-Fatehpur, PS-Tekari,
Dist- Gaya, Bihar- 824236

Application Form for Health Diary

(For Student only)

For Office Use Only

Health Diary No: _____

Date of Registration: ____/____/____

Date of Issue: ____/____/____

Valid Up to: _____



To be filled by Student in capital letter only

Name of Student: _____

Date of Birth: ____/____/____ Sex: _____ Marital status _____

Blood group: _____ Enrolment No.: _____ Course: _____

Semester _____ Session: _____ Mobile No of Student _____

Month/Year of Course Completion: ____/____ Email ID: _____

Whether Day Scholar / Hosteller Specify _____

If Hosteller Name of Hostel and Room No _____

Father's /Guardian Name _____

Contact No of Guardian _____ (In case of Emergency)

Address: Communication: _____

Dist. _____ State: _____ Pin: _____

Permanent : _____

Dist. _____ State: _____ Pin: _____

Local Guardian Name and Address in case of any Emergency : _____

Mobile no of Local Guardian: _____

Sensitivity to medicines: _____

Name & Full Signature of Student

Signature of Medical Officer

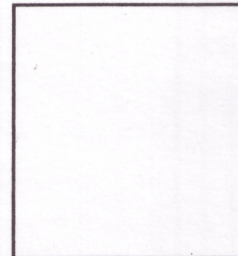


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Application Form for Health Diary (For Employee & Dependent of Employee only)

For Office Use Only



Health Diary No: _____

Date of Registration: ____/____/____

To be filled by Employee in capital letter only

Name of Holder: _____

Date of Birth: ____/____/____ Sex: _____ Marital status _____

Blood group: _____ Relationship with Employee: _____

Name of Employee: _____

Employee ID: _____ Designation: _____

Department: _____ Date of Superannuation: ____/____/____

Address: Communication: _____

Dist. _____ State: _____ Pin: _____

Permanent : _____

Dist. _____ State: _____ Pin: _____

Email ID: _____ Mobile: _____

Sensitivity to the Medicines: _____

Employee Signature

Signature of Medical Officer