

**DIRECTORATE OF STUDENTS' WELFARE  
PUNJAB AGRICULTURAL UNIVERSITY, LUDHIANA**

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**PROFORMA FOR ISSUANCE OF MEDICAL IDENTITY CARD**

(Attach photo copy of Identity Card & two passport size photographs)

1. Name of Student \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. Admission Number \_\_\_\_\_
5. Permanent Residential Address \_\_\_\_\_  
\_\_\_\_\_
6. Hostel No. / Room No. \_\_\_\_\_  
(In Case of Hosteller)

I hereby undertake that the particulars furnished above are true & correct. It is requested that medical booklet may kindly issued to me for getting medical treatment from the PAU Health Centre.

Signature of the applicant

Certified that the above particulars of the students are verified as correct & I recommended his/her name for issuance of Medical Booklet.

Signature of Advisor with Stamp  
Full Name : \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

The above particulars of the students are checked from the office record and found correct.

Office Clerk

Submitted for approval and issuance of Medical Booklet.  
Issued Medical Booklet No. : \_\_\_\_\_ Dated : \_\_\_\_\_

Welfare Officer

Director Students' Welfare