

DELHI DEVELOPMENT AUTHORITY  
WELFARE SECTION

Form 4  
Medical card No.

**Application for grant of Relief of distress sickness etc. for staff in grade pay upto Rs. 4800/-**

1.	Name of the DDA employee	
2.	Father's /Husband Name of DDA employee	
3.	Date of birth.	
4.	Date of apptt. in DDA	
5.	Designation.	
6.	UID No.	
7.	Pay Band/Grade Pay (attached latest Pay Slip)	
8.	Department/Division.	
9.	Contact No/Mobile No	
10	Leave on till date.	
11	Sick from which date	
12	Last salary drawn on which date.	
13	Without salary from which date.	
14	If any leave i) leave not due but sanctioned ii) Letter of sanction of leave without pay iii)Duration iv)Date.	

Signature of the Employee.

Signature of the leave account holding officer.

1	Name of the Hospital in which employee is/was admitted.	
2	Admission date	
3	Name of the Hospital whether empaneled for that disease or not	
4	Name of the disease.	
5	From which employee is sick.	
6	From which date leave going on	
7	Discharge date but still sick.	
8.	Date of fitness certificate given to employee.	

