



**NEW MANGALORE PORT AUTHORITY  
MEDICAL DEPARTMENT**

**PANAMBUR, MANGALORE – 575 010**

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**No.CMO/PH/DMI/2024**

**18.07.2024**


**OFFICE MEMORANDUM**

Sub : Details of the beneficiaries and Dependents for medical  
identity card- reg.

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With reference to the subject matter, it is to inform that, NMPA Hospital is in the process of issuing Medical identity cards to all its employees/CISF/RAO/NMP school and their dependents. In this regard, certain details of the beneficiaries and dependents are required. A format is enclosed which needs to be filled by the NMPA employees/RAO/CISF and School employees. Same needs to be scanned and submitted to the email [nmpadata@gmail.com](mailto:nmpadata@gmail.com) . Further, a scanned copy of the Adhaar for all the beneficiaries including dependents also needs to be attached in the mail.

In view of the above, the format is circulated to all the HOD's, so that same can be circulated to the employees in thier department. The details needs to be submitted to the said email by 28.07.2024.

  
( Dr Surekha N Hoskeri )  
Chief Medical Officer

To

All HOD's

Copy to PS to Chairperson /PS to Dy. Chairperson/PA to CVO for information



**Format for Employee /CISF/RAO/NMPA School Employees & Dependents for Medical Smart Beneficiaries Card**

Name of the Employee:

Organization of Employee (NMPA/RCHW/CISF/RAO/NMPA School):

EC No of Employee:

Department:

Division:

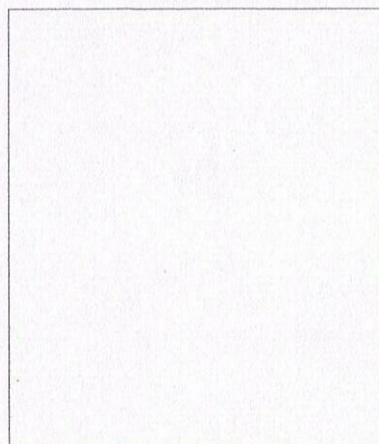
| Sl. No | Name | Relationship with Employee | Date of Birth (DD/MM/YYYY) Format | Mobile No | Aadhaar No. | Blood Group | Signature (*) |
|--------|------|----------------------------|-----------------------------------|-----------|-------------|-------------|---------------|
|        |      |                            |                                   |           |             |             |               |
|        |      |                            |                                   |           |             |             |               |
|        |      |                            |                                   |           |             |             |               |
|        |      |                            |                                   |           |             |             |               |
|        |      |                            |                                   |           |             |             |               |
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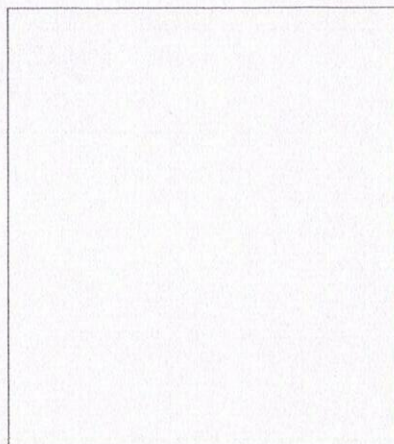
\* Consent for sharing Aadhar number to NMPA organisation for medical beneficiaries' identification purpose only and also providing consent for Aadhar validation by NMPA

### Photographs of Employee & Dependents



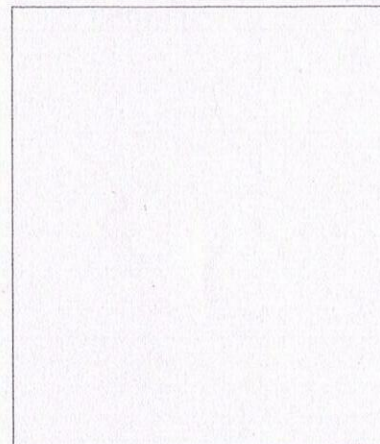
Name:

Relationship: Self



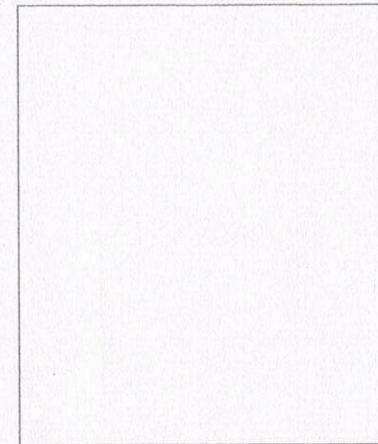
Name:

Relationship:



Name:

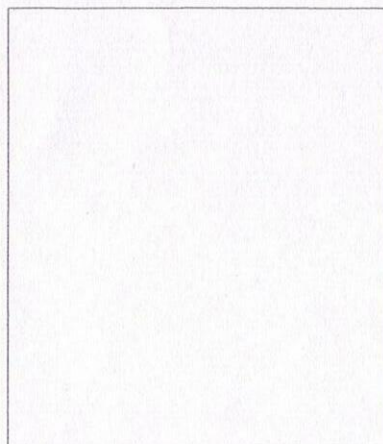
Relationship



Name:

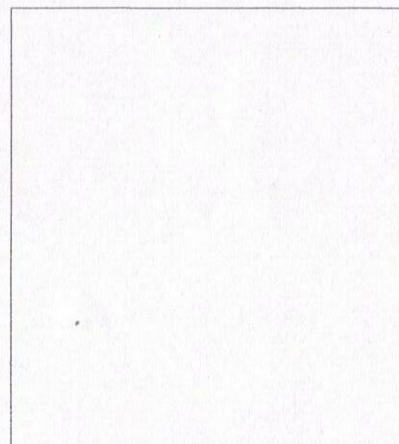
Relationship





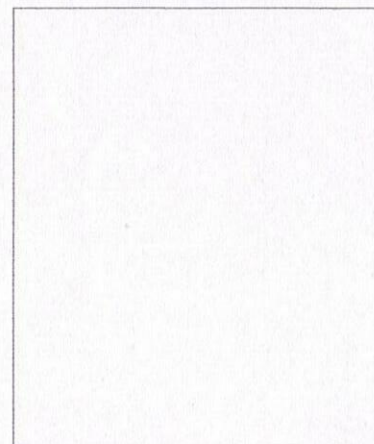
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Relationship:



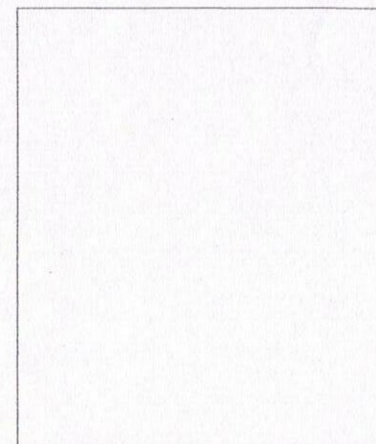
Name:

Relationship:



Name:

Relationship



Name:

Relationship

**Note : Format and the Adhaar copies of all the beneficiaries to be scanned and sent to [nmpadata@gmail.com](mailto:nmpadata@gmail.com) .**