# APPLICATION FORM FOR THE ISSUE OF ID CARD IN CASE OF PERMANENT STAFF

1. **Name in Block Letters**   : _____

2. Designation   : _____

3. Department   : _____

4. Father Name   : _____

5. Permanent Address With   : _____
    Phone No.
         _____

         _____

9. Present Residential Address   : _____
    With Phone No.
         _____

6. Date of Birth   : _____

7. Blood Group   : _____

8. Education Qualification   : _____

10. Appointment (With Letter No.)   : _____

11. Whether ICMR / NIRRH   : _____

12. Specification Signature   : _____

13. ID Sr. No.   : _____

14. Validity: _____ Valid Up To : _____
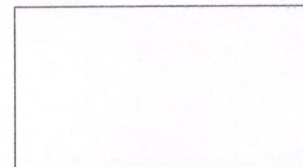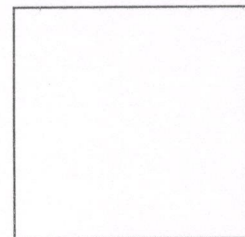
CERTIFICATE

Certified that the above information is correct and nothing in wrong. In case any information is found false I shall be personally responsible and liable for disciplinary action and decision of the Institute / Council will be final and binding upon me.

_____

(Signatory)

It is recommended that the Identity Card may be issued based on above information, which is correct to the best of my knowledge. Any change will be communicated as seen as that is made available to me.

(Sr. Admin. Officer)   **(Divisional Head)**

Note: Kindly attached two photographs along with this form