

ID CARD FORM



Color Photo with 75%
area covered with face.

For Officials of central government/ Autonomous Bodies
owned & controlled by them

(Signature of the Applicant
inside the box)

To be filled by Applicant

01.	Employment Category	Regular/ Contractual/ Departmental/ Deputation																								
02.	Name of the Applicant																									
03.	Designation																									
04.	Pay Scale/ Pay Band																									
05.	Level of Employment	Faculty/SR/Group A/ Group B/ Group C																								
06.	Posting Department																									
07.	Blood Group																									
08.	Present Address																									
09.	Contact No.																									
10.	Emergency Contact No.																									
11.	Fathers/ Husband Name																									
12.	Date of Superannuation/ Contract Ending Date																									
13.	Reason for Issue	1. Renewal				2. Loss/ Mutilation				3. Change in Designation				4. Fresh Appointment				5. Transfer					6. Other.....			

1. Certified that the aforesaid information is correct.
2. The Old ID card No..... valid till.....is hereby enclosed or the old ID card is lost and the matter has been reported to the police vide receipt no..... dated..... enclosed.
3. Verifying Authority (Administration/ Nursing Establishment)

(Signature of the Verifying Authority)