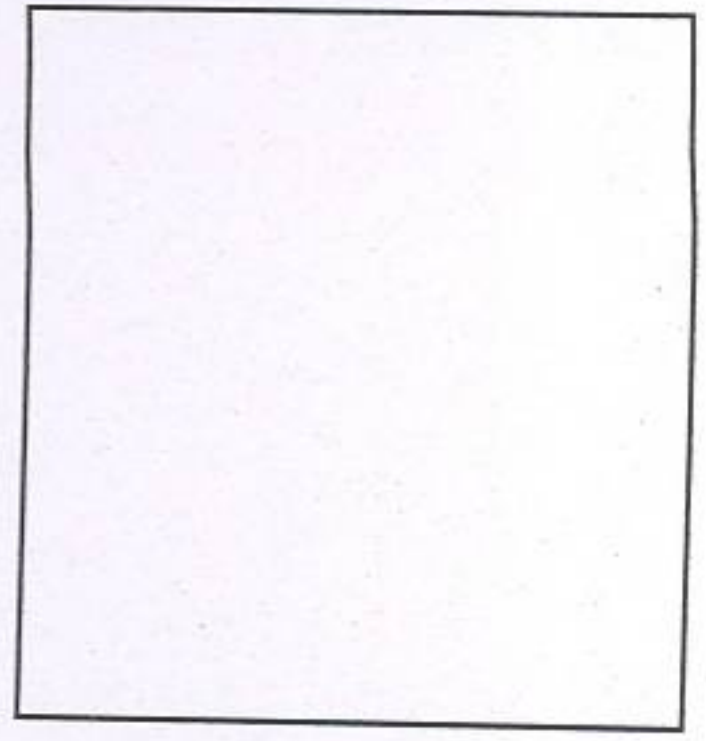


APPLICATION FORM FOR THE ISSUE OF ID CARD IN CASE OF PERMANENT STAFF

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. Admn. Officer)

(Divisional Head)

Note: Kindly attached two photographs along with this form