

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

Information for vehicle pass

Note: Fill the form in capital letters and in legible handwriting

ID no: _____ Type of ID : _____ (for official use)

Name: _____

Designation: _____ Department: _____

Vehicle No. ----- D. L. No. -----

Permanent address: _____

Emergency Contact number: _____ Date of Birth (dd/mm/yyyy) _____

Blood group: _____ E-mail ID: _____

Identification mark: _____

I hereby undertake that the above information furnished by me is correct and I will not transfer the pass to anyone (relative/ colleague etc.) issued on the name me. If any discrepancies will be found, AIIMS Administration will able to take appropriate action.

Signature