

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

Information for card (Student)

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

Student enrolment no:_____Validity:_____(for official use)

Name:_____

Name in Hindi:_____

Session:_____Date of Birth (dd/mm/yyyy)_____

Permanent address: _____

Contact number:_____

Blood group:_____E-mail ID:_____

Identification mark:_____

I agree to return the ID card allotted to me upon completion of my course or termination from the institute.

Signature

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

Information for ID card (Faculty/SR/JR/Tutor)

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

Employee ID no:_____Validity :_____ (for official use)

Name:_____

Name in Hindi:_____

Designation:_____Department:_____

Permanent address: _____

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

Date of Joining:_____Blood group:_____

E-mail ID:_____

Identification mark:_____

I agree to return the ID card allotted to me on my resignation / relieving from this institute / on completion of my tenure

Signature

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

Information for ID card (Officers/Administrative staff/ staff)

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

Employee ID no:_____Validity :_____ (for official use)

Name:_____

Name in Hindi:_____

Designation:_____Department:_____

Permanent address: _____

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

Date of Joining:_____Blood group:_____

E-mail ID:_____

Identification mark:_____

I agree to return the ID card allotted to me on my resignation / relieving from this institute / on completion of my tenure

Signature