

PERFORMA FRO ISSUE OF IDENTITY CARD
For use by all categories Faculty, Staff, Students
Of Nalbari Medical College

Run under the establishment of Nalbari Medical College & Hospital, Nalbari, Assam

Issued On: _____ Valid up to: _____

Name of the applicant (Capital):

Son/Daughter/Wife of:

Designation/Course/Department/Institute (as may be applicable)

.....

Type of Employment : Regular/Contractual/Other:.....

Date of Joining / Admission:.....Date of Birth.....

Permanent Address with Phone No.....

.....

Present Address with Phone No.....

.....

.....

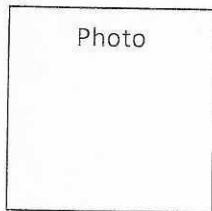
Blood Group.....Contact No.(Self).....

Identification Mark.....

.....

Emergency Contact & Mobile No.....

I do hereby state that the information furnished above are true, complete and authentic and I carry the liability of action as per rules if any of the information furnished above is found to be contrary to the actual facts. The authority will have the right to reject my ID card at any point of time.



Date:

Place:

Signature

Endorsement /Forwarding Note
(Not applicable for medical faculty & Students)

Signatory with Designation & Seal

For Office Use

Issued /Rejected Reason for Rejection.....
ID Card Issue No.....Valid upto.....

Principal cum Chief Superintendent
Nalbari Medical College & Hospital, Nalbari