**Proforma for the issue of New Identity Card/Change of ID Card for Employees**

|  |  |
| --- | --- |
| Name (Dr/Mr/Ms/Mrs) |  |
| Designation |  |
| Employee Number |  |
| Date of Birth |  |
| Residential Address |  |
| Department |  |
| Mobile Number |  |
| Office Telephone Number (External) |  |
| Office Telephone Number (Internal) |  |
| Blood Group |  |
| Aadhar Number (last 8 digits) |  |
| Joining OM / Promotion Order reference No. & Date (Please attach a copy of OM) |  |
| Signature |  |
| Date of Application |  |

HOD

CoA/AO

|  |  |
| --- | --- |
| Date of Receipt |  |
| Date of Issue of ID Card |  |
| Received ID card by |  |
| Issued by |  |

Head, ITS & CS