



IDENTITY CARD



(FOR Staff & Faculty) Date:

1. Name of person requesting Identity Card (must be less than 25 characters) IN CAPITAL LETTERS.

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1. Designation (must be less than 25 characters) IN CAPITAL LETTERS.

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1. Department/Section :
2. Date of Birth :
3. Employee No. :
4. Emergency Contact number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Friend or Family member’s number)

1. Blood Group :
2. Date of Joining : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Retirement /Valid upto :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. E-mail address :
5. Challan number of the fine (if applicable) :
6. Type of Issue (Tick the option)
   1. New Card (New Joining)
   2. Card Exchange (Old card must be submitted where you collect the new one.)

Reason for Exchange

* 1. Card Lost/Replacement (Complain in PS, submit the F.I.R copy along with this form.) F.I.R No.

Please send the softcopy of your photo & signature in .jpg format with your Employee NO as the filename to:

office.[idcards@iith.ac.in (](mailto:idcards@iith.ac.in%20() e.g P123.jpg and P123.sign.jpg or S123.jpg and S123.sign.jpg F123.jpg and F123.sign.jpg)

Signature of the Applicant

Verified by:

Assistant Registrar (HR) Print Approval (CSO/SO)

Card Receivers signature: