

Form for Identity Card

(Must be filled in Block letters)

MU

CGPGIMS

Student ID No. _____

Card No. _____

(for office use only)

Valid from _____

to _____

Name _____

Designation _____

Department _____

Blood Group _____

Pay Scale _____

NA

Intercom No. _____

NA

Previous Card No. _____

(in case of loss)

Permanent Address & _____

Telephone No. _____

Name & Address of the _____

Person to be intimated _____

In case of emergency/Local Address & _____

Telephone No. _____

Photo

35 mm X 45 mm

Signature of Applicant

Recommendation by Nodal Officer,
College of Medical Technology

EXECUTIVE REGISTRAR