APPLICATION FOR TEMPORARY IDENTITY CARD
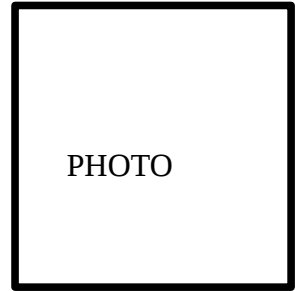
NAME   :

EMPLOYMENT ID/PEN   :

PAN   :

AADHAR CARD NUMBER   :

DESIGNATION   :

DEPARTMENT   :

DATE OF JOINING   :

ADDRESS   :

PHONE NUMBER   :
DATE OF BIRTH   :

BLOOD GROUP   :

EMAIL ID   :

PHOTO

Certified that the aforesaid information is correct.

                                                        SIGNATURE

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Recommendation of HOD

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* INSTRUCTIONS

1.The holder of this card is responsible for its safe keeping.

2.Loss or theft of this card must be immediately reported to the Security!
Authorised Signatory.

3.This card is non-transferable and must be surrendered immediately upon
retirement or cessation of employment

4. Adhoc staff members may use the etlab user id as their employment ID