



IDENTITY CARD FORM
(FILL THIS FORM IN BLOCK LETTER)

Colour
Passport
Photo

1. Name of Employee:_____
2. Father's Name:_____
3. Mother's Name:_____
4. Designation:_____ Department_____
5. Date of Joining:_____
6. Permanent Address:_____
 - a. Vill/Town:_____
 - b. W/No.:_____
 - c. Post Office:_____
 - d. District:_____
 - e. State:_____
 - f. PIN No.:_____
 - g. Mobile No.:_____
7. Date of Birth:_____
8. Blood Group:_____
9. Identification Mark:_____
10. E-Mail ID:_____
11. Educational Qualification:_____

Specimen Signature of Card Holder

Signature of Principal