INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, ALLAHABAD
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IDENTITY CARD FORM

Submission Date……

To be filled by employee

Designation……..
Duration……

IN BLOCK LETTER ONLY

To be filled by Student

Program…….
Enrollment No……
Duration……..

Full Name

Date of Birth

Father's Name/ Mother's Name

Blood Group*

Permanent Residential Address

Pin Code.

Phone No. or Mobile No

Local contact (to be contacted in emergency) Address at Allahabad (if any) with Phone No.

Known Allergies to Drugs*

History of any Chronic Disease *

***Specimen Signatures.** **(Card Holder)**

***First ID card issuance is free of charge while subsequent copies are chargeable.**

***Identity card Received**

Name of Receiver…….

Signature:……..……...

Date:……..

Mob.No…….

Note: Attach a stamp size photograph if ID-card is being made first time.