

NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS

APPLICATION FOR ISSUE OF NEW IDENTITY CARD FOR REGULAR STAFF
PERMANENT STAFF

PART-I

(To be furnished by the applicant)

1. Name of the Employee :
2. Designation :
3. Department :
4. Date of Birth :
5. Date of Joining :
6. Blood Group :
7. Permanent Address :

8. Personal marks of Identifications :
 - a)
 - b)
9. Emergency Contact No :
10. Aadhar Number :
11. Employee's pay matrix level :

Date:

Signature:

PART – II
(for Office use)

1. Identity Card No :
2. Date of Issue :
3. Folio no. of register of
identity Card :

ADMINISTRATIVE OFFICER
