



ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
DETAILS REQUIRED TO ISSUE IDENTITY CARD

Name	Date of birth	
Father's/Husband's Name(✓)		
Mother's Name		
Designation	Pay Level as per 7 th CPC	
Department	Date of Joining	
Present Address		
Permanent Address		
Body Identification Mark	Blood Group	
Contact No.	Mobile No. Landline No.	
Emergency Contact No.		
Email-Id		
Employment Type (✓)	Permanent/Contractual/Temporary/Deputation/Outsourced/ Project Employee/Other(Please Specify)	
For Project Employee	Project NameTenure.....	
Have you ever received Id-card ?	Yes / No(✓) If Yes,Write reason(Only for reissuing ID-card):.....	
<u>HoD/Incharge of the department:</u> Signature: _____ (With date & Seal) Name: _____	Signature: _____ (With date) Name: _____	Affix your Latest Passport Size Photograph
<u>For Office Use Only</u>		
Employee No.	Prepared by:	
Validity.....	Approved by:	
Signatory Authority.....	Signature with date: (Approving Authority)	