ID – CARD FORM

INDIAN STATISTICAL INSTITUTE

203, B.T. Road, Kolkata – 700 108

Name in full (In Block Letter)

Roll No.

Date of birth

Designation/Course

Office / Department / Division / Section & Unit

Visible Identification Marks

Residential Address

Telephone / Mobile No.

Blood Group

Mail ID: _____

The information given above is true to the best of my knowledge and belief.

Signature of the applicant

Countersign of: Head of Office/ Dept./Div./ Section & Unit

TO BE FILED BY ISSUING AUTHORITY

ID Card No. _____ **Issued Date:** _____ **Valid upto:** _____

In case of loss of ID Card – G.D / FIR No. _____

Issuing Authority Signature: In – Charge, Security / security Officer