

## ISSUANCE OF IDENTITY CARD PROFORMA

TO

The Medical Superintendent,  
Lok Nayak Hospital,  
Govt. Of NCT Of Delhi  
2, J.L Nehru Marg, New Delhi-110002

Photograph

SUB :- issuance of identity card Serial No. \_\_\_\_\_

Sir:

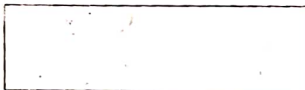
As per subject cited above, I hereby request to issue new identity card.

1. Full Name (In Block Letters) : \_\_\_\_\_
2. Father / Husband 's Name : \_\_\_\_\_
3. Date Of Birth : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Employee Number/ ID No. : \_\_\_\_\_
6. Blood group : \_\_\_\_\_
7. Department/section/branch with Intercom no. (Date of present positing) : \_\_\_\_\_
8. Residential Address With Tel No : \_\_\_\_\_  
\_\_\_\_\_
9. Date of retirement : \_\_\_\_\_  
(if falling within 3 years of issuing the card)

I will submit the old identity card at the time of issuing of new identity card/My old identity card has been lost and NCR & receipt of Rs.100/-, which has been deposited with cashier is enclosed.

I also submit that I have given all necessary documents i.e. photograph/nomination papers/ family declaration etc. , which are necessary for Service Records.

I certify that the above statements are true and best of my knowledge and belief.



(Signature's of the officer/official)

### Specimen signature of individual

Certified that as per service records above particulars have been verified and P/F and S/B is complete in all respects.  (Name & Signature of verifying authority)	Approved. Identity card may be issued.  (A D O / O.S/ Director (Admn.) Addl. Ms (Admn.)
--	---

After signature of approval authors photocopy is to be retained in personal file & original to be sent to OS (General Branch)  
\*Please bring 1 recent stamp size photograph with name written on the back of it & Employee Number alongwith this form..