



**GOVERNMENT MEDICAL COLLEGE
& ASSOCIATED HOSPITALS,
SRINAGAR – 190010**

**APPLICATION FOR STUDENT
IDENTITY CARD**

Passport
Photo

Card No:

(IN CAPITAL LETTERS)

Name																				
S/o / D/o																				
Address																				
District																				
State/ UT																				
Contact No. (Mobile)																				
Stream																				
Discipline																				
Roll No																				
Aadhar Card Number																				
Issuing Date																				
Registration No																				

Signature

No: _____

Dated: _____

Forwarded in original to the Principal/ Dean GMC, for necessary action with the remarks that above mentioned applicant is a student of this College, as per the records available and it is recommended that ID card may be issued in his/her favour.

**Signature of Academic Registrar/
Principal B.Sc. Nursing College/ Principal AMT School**

PRINCIPAL/ DEAN

I/c Photographic Section for issue of ID card