



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

APPLICATION FOR IDENTITY CARD

Passport
Photo

Card No:

(IN CAPITAL LETTERS)

Name																				
S/o / D/o / W/o																				
Address																				
District																				
State/ UT																				
Pin code																				
Designation																				
Department/ Section/ Discipline																				
Contact No. (Mobile)																				
CPIS Number																				
Aadhar Card Number																				
Registration No. For AAB / PG/SR/ Demonstrator/ Intern MBBS etc.																				
Issuing Date																				

- Note : Order Copy be Enclosed &
- Service particulars must be verified by concerned DDO under proper seal & Signature

Dated: _____

Signature

Forwarded in original to the Principal/ Dean GMC, for necessary action with the remarks that above mentioned person is a Faculty Member/ Employee/ SR/ Demonstrator/ PG/ Intern of this College, as per the records available and it is recommended that ID card may be issued in his/her favour.

**Signature of Head of Department/Academic Registrar/
Medical Superintendent/CAO/ Concerned Officer**

PRINCIPAL/ DEAN

I/c Photographic Section for issue of ID card