

FORM FOR ISSUING COLLEGE ID

Personal Information (To be filled & Completed Before Submission)

Name Ms _____

Age: _____ Years Date of Birth: __/__/____ (Date/Month/Year)

Enrolment Number/Year _____

Name of Father _____

Permanent Address _____

Present Address _____

Self-Attested Photograph of Candidate bearing Name & Year of Entry to College

PASTE BEFORE SUBMITTING, STAPLED PHOTO WILL NOT BE ACCEPTED

Two Identification Marks	1) _____ 2) _____
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I hereby solemnly affirm and declare that the above-mentioned information is true to the best of my knowledge and information and I will be responsible for the college ID and ensure that it is never misused. I will immediately report the loss of ID and will return it after completion of my course, including internship.

Dated: _____

Place: _____

Complete Signature

(Full Name of Candidate)

(FOR OFFICIAL USE ONLY)

Ms _____, a student of year _____ bearing enrolment number _____ has been issued an ID Card on ____/____/20____ after necessary verification by Academic Section.

Signature & Stamp of Issuing Authority
Assistant Registrar, Academic Section
Lady Hardinge Medical College
New Delhi