



APPLICATION FOR ISSUE OF IDENTITY CARD

To

The Director,
National Institute of Nutrition,
Tarnaka, **HYDERABAD - 500 007.**

*Permanent position -
please affix a latest
photograph and sign
across*

1. Emp. ID No. : _____ 2. Title (Mr./Ms./Mrs./Dr.) : _____
3. Full name - Name : _____
- Surname : _____ 4. DOB: _____
5. Designation / position : _____
6. Department / Section : _____
7. Specimen signature to appear on the card with sketch pen : _____
(within the box only)
8. Mobile No. : _____
9. Residential Phone No. (required to print on the ID card) : _____
10. Blood group : _____
11. Email ID (in caps) : _____
12. Whether ID card has already been issued? Yes / No : _____
13. If yes, details of existing ID Card: Date of issue : _____ Valid up to : _____
14. If re-issue, reason for re-issue : _____

Station : _____

Date : _____

Signature

- Note:
1. Two passport size photographs (i. one is on the application and ii. another one to enclose with the application (not to be stapled) or soft copy can be sent to - ninmedical2016@gmail.com)
 2. In case of loss or mutilation of Identity Card, Rs. 50/- shall be charged for issue of a new Identity Card.
 3. In case of loss, Missing Certificate obtained from mee-seva/ Police Station may be enclosed.
 4. Cards are issued between 4 P.M. and 5 P.M. only.

Through their Controlling Officer

To:

The Section Officer, Establishment Section V, ICMR-NIN, Hyderabad.

Signature of the Controlling Officer

FOR OFFICE USE

Card has been prepared with the following details for the above mentioned employee:

1. Date of issue : _____

2. Valid up to : _____

Section Officer

Sr. Admn. Officer i/c