Indian Institute of Information Technology, Lucknow भारतीय सूचना प्रौद्योगिकी संस्थान, लखनऊ

An Institute of National Importance by Act of Parliament

Gomtinagar Extension Chak Gajaria , Lucknow – 226010 (U.P.)

To be filled by employee	IDENTITY CARD FORM										Submission Date To be filled by Student							
Designation	Course											ment No						
Duration	IN BLOCK LETTER ONLY										ratior	1	• • • • • •	• • • • •	••••			
Full Name																		
Date of Birth	•												•					
Father's Name		_																
Blood Group*																		
Permanent Residential Address.					1			l	I		1	1			1			
Pin Code.		\neg																
Phone No. or Mobile No																		
Thone No. of Wiobite No																		
Local Guardian's Address at Luck	 know (if any	y) with	ı Pho	ne N	0.													
Known Allergies to Drugs*		1	1	<u> </u>		I.		ı		ı	I.	ı	L					
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History of any Chronic Disease *																		
*Specimen Signatures. (Card Holder)	* Paste Stamp sized one Photograph										ı							
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*Though this Information desired Note: (I) Photo Copy of Xth Standard	<u>is optional,</u> Cortificate	Often For D	<u>it has</u>	ofte f Agg	en pro	oved	to be	e usei	ul 11	n eme	ergen	cies.						
(ii) Copy of Appointment letter				Age	-)													
* <u>Identity card Received</u> Name of Receiver																		
Signature:	••••	•••••	••••															
Date:																		