

APPLICATION FORM FOR ISSUE OF IDENTITY CARD

INDIAN STATISTICAL INSTITUTE
203, B.T Road, Kolkata - 700 108

Name in full (In Block Letter)

Roll No

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Date of birth

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Designation/Course

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Office/Department/Division/Section & Unit

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Visible Identification Marks

Residential Address

Telephone/Mobile Number

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Blood Group

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E-Mail ID _____

The information given above is true to the best of my knowledge and belief.

Signature of the applicant

Countersigned of : Head of Office/Dept/Div/Sec & Unit

TOBE FILLED BY THE ISSUING AUTHORITY

ID Card No _____ Issue Date _____ Valid upto _____

In case of loss of ID Card:- GD/FIR No _____

Issuing Authority Signature : In-Charge, Security / Security Officer