

OFFICE OF THE DEPUTY COMMISSIONER

TEZU  
JAN SUVIDHA



IDENTITY CARD

New  Renew  Duplicate

1. Name of the applicant whom certificate is required (Full Name)

[Grid for Name]

2. Futher's / Husband's Name

[Grid for Futher's / Husband's Name]

3. Designation

\_\_\_\_\_

4. Appontment order No.

\_\_\_\_\_

Dated

[ ] [ ] DD [ ] [ ] MM [ ] [ ] [ ] [ ] YYYY

5. Date of joinnig in service

[ ] [ ] DD [ ] [ ] MM [ ] [ ] [ ] [ ] YYYY

6. Service Type

Permanent  Semi Permanent  Contract

7. Contract perioed (in months)

From ..... to .....

8. Office / Department

\_\_\_\_\_

9. Place of Posting

\_\_\_\_\_

10. Height

[ ] [ ] [ ] [ ] cms

11. Date of Superannuation

[ ] [ ] DD [ ] [ ] MM [ ] [ ] [ ] [ ] YYYY

12. Identification Mark

\_\_\_\_\_

13. Colour of eye

\_\_\_\_\_

14. Parmanent Address

Village/Town

[Grid for Village/Town]

Post Office

[Grid for Post Office]

Police station

[Grid for Police station]

District

[Grid for District]

State

[Grid for State]

Sl. no. 15 for Renewal / Duplicate Cases only

15. Original I Card No

Dated

[ ] [ ] DD [ ] [ ] MM [ ] [ ] [ ] [ ] YYYY

16. Blood Group

17. Date of Birth

[ ] [ ] DD [ ] [ ] MM [ ] [ ] [ ] [ ] YYYY

18. Contaact No.

[Grid for Contact No.]

(APPLICANT'S NAME)  
Signature with Date

**DECLARATION**

Certified that Shri / Smti ..... in working in this office/  
Department as ..... w.e.f ..... and he/she is  
pemanent / semi-permanent. He/She completed more than ..... year of continous  
service. He/She is retiring from service on ..... He/She required an IDENTITY  
CARD for the purpose of entering into the restricted Area/Office.

2. Father's / Husband's Name

3. Designation

4. Appointment order No.

5. Signature of Controlling officer (With Seal & Designation)

6. Name

7. Designation

8. Office / Department

9. Place of Posting

10. Height

11. Date of Birth

12. Identification Mark

13. Color of eye

14. Permanent Address

Village/Town

Post Office

Police station

District

State

15. Original / Card No.

16. Blood Group

17. Date of Birth

18. Contact No.

SI. no. 15 for Renewal / Duplicate Cases only

19. Date

20. Blood Group

21. Date of Birth

22. Contact No.

(APPLICANT'S NAME)

Signature with Date

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....