

ID Card Proforma

All columns are mandatory. Please fill form in Capital Letter only

EMP. ID		Faculty/ Staff/ Admin	
Name			
Faculty of			
Department			
Designation			
Date of Birth			
Date of Joining			
Blood Group			
Gender			
Contact Number			
Mail ID			
Permanent Address			

Emergency Contact Name and Number:

Instructions/ Rules

1. The Card Holder is a bonafide faculty /staff of SGT University.
2. This I-Card is the property of SGT University which is non-transferable and fraudulent use of this card may invite disciplinary action. This card is meant for identify of the holder only the card holder is soley responsible for safety and security of the card .
3. The card holder must carry this card at every time while in University campus.
4. Loss of the card must be reported immediatly in writing to the Registrar/Dean. The duplicate card will be issued only after proper enquiry and on the payment of Rs.200/-.

THE LOST CARD IF FOUND SHOULD BE RETURNED TO THE REGISTRAR/DEAN.

I hereby certify that I have read and understood the Instructions/Rules abide to follow these.

Recent Passport
size Photograph
to be attached
here

Signature of Applicant

Verified by HR Department