IDENTITY CARD - FORM

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.

Following information may be supplied in DUPLICATE for issuance of Identity Cards

For Student, Undergraduate / Postgraduate courses

Year of Admission ☐☐☐☐ **Roll No.** (for office use only)_____

Name in Full

Father's Name

Course _____ **Valid up to** _____

Resi. Address

Tel. (Resi/Mobile)

Blood Group ☐☐☐

PASSPORT SIZE PHOTOGRAPH

To be affix in the box only

(Please do not staple)

Note:

1. **All information to be given in CAPITAL LETTERS only**

Student Signature (within the box)

FOR OFFICE USE ONLY

Date of Issue	Valid upto	31-12-2023	Verified by - Sign./Date

IDENTITY CARD - FORM

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.

Following information may be supplied in DUPLICATE for issuance of Identity Cards

For Student, Undergraduate / Postgraduate courses

Year of Admission ☐☐☐☐ **Roll No.** (for office use only)_____

Name in Full

Father's Name

Course _____ **Valid up to** _____

Resi. Address

Tel. (Resi/Mobile)

Blood Group ☐☐☐

PASSPORT SIZE PHOTOGRAPH

To be affix in the box only

(Please do not staple)

Note:

1. **All information to be given in CAPITAL LETTERS only**

Student Signature (within the box)

FOR OFFICE USE ONLY

Date of Issue	Valid upto	31-12-2023	Verified by - Sign./Date