



**SRI RAAJA RAAJAN COLLEGE OF ENGINEERING &
TECHNOLOGY
AMARAVATHIPUDUR – 630 301**

IDENTITY CARD

1.	Name of the Staff in Capital Letter		Please Paste on Passport size Photo
2.	Designation		
3.	Department Name		
4.	Father's / Spouse Name		
5.	Date of Birth		
6.	Blood Group		
7.	Address		
8.	Tel / Mobile		

ID CARD : New Duplicate

REASON FOR REPLACEMENT (please tick as appropriate)

Loss of card Damage of card

DECLARATION

I declare that the information provided above is true and correct. I fully understand that making a false declaration is a criminal offence and may result in the College's reporting the case to the police.

Staff Signature _____

HoD _____

FOR OFFICE USE ONLY

1. FORM NUMBER : _____

2. ID CARD NUMBER : _____

Issuing Authority Signature

Received By : Name: _____

Date: _____

Signature: _____