

संत लोंगोवाल अभियांत्रिकी एवं प्रौद्योगिकी संस्थान
SANT LONGOWAL INSTITUTE OF ENGG.& TECH.,

IDENTITY CARD REQUEST FORM : NEW/REPLACEMENT

- 1 Name : _____
- 2 Designation : _____
- 3 Department/Section : _____
- 4 Father's/Husband's Name : _____
- 5 Nature of Appointment : _____
Permanent /Temporary
- 6 Date of Appointment : _____
- 7 Date of Birth : _____
- 8 Date of initial entry into SLIET : _____
service
- 9 Date of promotion in present : _____
position
- 10 Date of Retirement : _____
- 11 Blood Group : _____
- 12 Residential Address : _____

- 13 Phone No. : _____
- 14 Reasons for issue of new ID : Initial appointment /on promotion/loss of ID
Card/any other (specify) _____
- 15 Whether an Identity Card : _____
previously issued
(If yes, the previous ID card will be surrendered with this Form. In case the ID card is
lost, copy of FIR MUST be enclosed with this form.)

Paste your
Passport size
Photograph

Signature of Applicant

Recommended/Forwarded

(Sign. of HOD/Section In-charge)

FOR OFFICE USE ONLY

Particulars verified and found to be correct. ID Card No. _____, Period of
Validity _____ may be issued

Dealing Assistant

Deputy Registrar (Admin)

Forwarded to D.R. (S&P) vide Diary No. _____ Date: _____

Signature of Despatcher