

OFFICE OF THE DEPUTY COMMISSIONER TEZU JAN SUVIDHA

Passport Photo

Certified that Shri / Smti

" is working in \$66 frice/

IDENTITY CARD

	and ne/sn	□New □	Renew Duplic	ate)	partment as manent / semi - perm	Dep
1,	Name of applicant whom cer	tificate is requir	red (Full Name)			
		a) office	the restricted Am	Entering Into	O for the number of	CA
2.	Father's / Husband's Name					
3.	Designation					
4.	Appointment Order No.					
	Dated	DD	MM		YYYY.	
5.	Date of joining in service	DD	MM		YYYY	
6.	Service Type	Permanent	OSemi Pern	nanent OC	Contract	
7.	Contract period (in months)	From				13
8.	Office / Department				closures	En
9.	Place of Posting			front	* one attested on	7 .1
10.	Height		ems	estation	* one without att	
11.	Date of Superannuation	DD	MM		YYYY YYYYY	
12.	Identification mark					
13.	Colour of Eye					
14.	Permanent Address				water the p	
	Village/Town					T
	Post Office					T
	Police Station					T
	District					T
	State					
Slno	15for Renewal / Duplicate Cases of	only				
15.	Original ICard No					1
	Dated	DD	MM		YYYY	
16.	Blood Group					
17.	Date of Birth	DD	MM		YYYY	
18.	Contact No.					

DEFICE OF THE DEPUTY COMMISSIONER

DECLARATION

w, e, f, and h	e/she is		
ent . He/She has completed more than year of cont	year of continuous		
rom service on	YTITY		
ntering into the restricted Area/ office.			
ather's / Husband's Name	2 1		
Designation			
Signature of			
controlling officer (With Seal & Designation	ion)		
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