IDENTITY CARD APPLICATION FORM

Cotton University

(Please use **Capital Letter** and **Black Pen** to fill in this form)

Paste
Recent Passport
Size Colour
Photograph
(Should be clean and clear for scanning)

Employee ID:* (office use)

Department Name*

Designation*

Name:*

Contact Number:*

Email ID*

Blood Group:

Date of Joining Cotton (DD-MM-YYYY)*

Date of Birth (DD-MM-YYYY)*

Emergency Contact Persons' Name:*

Emergency Contact Persons' Contact Number: *

Permanent Address:* (NOTE: Please put your permanent HOME address)

P I N

Applicant's Full Signature*

EMPLOYMENT STATUS (PLEASE TICK IN THE APPROPRIATE BOX) – Office Use Only

REGULAR	CONTRACTUAL	PROJECT STAFF	RETIRED/ SUPERANUATED
--------	VALID TILL:	VALID TILL:	DATE OF RETIREMENT:

Date: ___/___/20___

GAD Verification by:

Approved for issue of Identity Card
Registrar

NOTE: Filled in form to be submitted to GAD for verification.

* Mandatory fields