INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, ALLAHABAD																			
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Ph: 2922025, 2922067; Fax: 0532-2430006; Web: www.iiita.ac.in; E-mail: <u>contact@iiita.ac.in</u>																			
IDENTITY CARD FORM												Submission Date							
To be filled by emp	Ъ											To be filled by Student							
Designation												Course							
Duration												Duration							
IN BLOCK LETTER ONLY																			
Full Name																			
Date of Birth	1	•	1			_													
Father's Name			-	1 1	[r	1				-	1				T		<u> </u>	
Blood Group*																			
Permanent Residentia	Address.								-										
Pin Code.	-I - I - I														L				
Phone No. or Mobile	No				<u> </u>														
Local Guardian's Ad	ldress at Al	lahahad	l (if ai	nv) w	ith F	Phon	e No												
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Known Allergies to	Drugs*																		
History of any Chror	nic Disease	*													Г				
*Specimen Signatures. (Card Holder) * Paste Stamp sized one Photograph										ph									
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* <u>Though this Information desired is optional. often it has often proved to be useful in emergencies.</u>																			
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* Two Photographs are required. Paste One Photograph in stamp sized box & One Stapled in Top Left Side. Since Original Photograph shall be put on your Identity Card clip it gently so that it can be removed from here without much														h					
damage.																			
Note: (I) Photo Copy of (ii) Copy of Appo							(ge)												
* <u>Identity card Received</u> Name of Receiver																			
Signature:																			
Mob.No	•••••	•••••																	