APPLICATION FOR DUPLICATE IDENTITY CARD

			Date.	
Student's Name:				
Register Number:				
Department:				
Year & Branch:				
Brief details of loss:				
Address:				
			Student's signatu	
Signature of the Class coordinator	Signature Head of the I		Signature of the Director (Student Affairs)	
		-		
	For Of	fice Use		
Payment Information: (For l	Replacement of ID	card)		
Duplicate ID card: Rs. 1000 Damage ID card: Rs. 200 Tag and Holder: Rs. 100				
Amount paid:			Signature:	
Receipt No:	Date:		ID card section	
ID card issued on:		Received on:		
Signature, ID card section:		Student's signa	ature:	
Note: 1) The student must co	ollect the identity ca	ard within 7 da	ys from the date of Application.	

2) Upon the acceptance of the paid receipt, a minimum of three working days is required

issue the new ID card.