OFFICE OF THE DEPUTY COMMISSIONER
CHANGLANG
JAN SUVIDHA

Passport Photo

IDENTITY CARD

☐ New ☐ Renew ☐ Duplicate

1. Name of Applicant (Full Name) Sri /Smti / Ms /Dr. /Mr.
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 ☐ Semi permanent ☐ Contract
7. Office/Department _____
8. Place of Posting _____
9. Height ☐☐☐☐ Cms
10. Date of Superannuation ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY
11. Identification mark _____
12. Color of Eye _____
13. Blood group _____
14. Date of birth _____
15. Permanent Address

Village
Post Office
Police Station
District
State

Sl. no. 14 for Renewal / Duplicate Cases only

16. Original ICard No _____
17. Dated ☐☐ DD ☐☐ MM ☐☐☐☐ YYYY
18. List of Enclosures ***compulsory***: (i) Appointment order/old ICard. (ii) Photo

(APPLICANTS' NAME)
Signature with date

Recommendation by concerned HOD/Controlling Officer

Name:
Designation:

Signature (with Seal)

"Application form for Identity Card"