STUDENTS

MAULANA AZAD INSTITUTE OF DENTAL SCIENCES

ROOM NO. 116, 1st FLOOR, B.S. ZAFAR MARG : NEW DELHI - 110002

(ADMINISTRATION BRANCH)

To

The Superintendent (Admn.)
Administration Branch
M.A.I.D.S.
New Delhi - 110002

Affix duly colour photograph

Subject: Request for Issuance of Identity Card.

Sir,

It is to inform you that I am BDS/MDS Student _____ (Batch) in this Institute. You are requested to kindly issue me a New/Fresh Identity Card.

My Particulars are as under:-

1- Name (In block letters) : _____

2- Father's Name : _____

3- Date of Birth : _____

4- BDS/MDS Batch : _____

5- Roll No. issued by College : _____

6- Blood Group : _____

7- University Enrolment No. : _____

8- Residential/Correspondence Address : _____

_____

9- Full address of Hostel (if allotted) : _____

10- Contact No. : _____

Signature of the Students

Verified & Signature by the Academic Branch

Note:

a. **Duplicate I. Card will be issued after deposit of Rs. 125/- in the A/c Branch, and must submit FIR report in case of I.D. Card has been lost/mutilated.**

b. **Please Submit Two passport size photographs along-with application.**

c. **Card holder is hereby directed to surrender his/her Identity Card to Academic Branch after completions of his/her compilation of course form this Institute.**