



NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI
TAMIL NADU, INDIA-620015
STAFF APPLICATION FOR DUPLICATE IDENTITY CARD
(DESIGNATION/OTHER OFFICIAL CHANGES)

(to be filled by the staff)

Name of the Staff		Staff No.		Designation	
Title: Prof. / Dr./ Mr. / Ms. / Mrs.		Gender: M/F		Blood Group	
Dept./ Section				D.O.B	
Date of Joining		Date of Retirement		Recent Passport Size Photo	
Contact No.					
Email ID					
Address					

Request Category

A – New Appointment/Transfer/Promotion/Redesignation (From _____ To _____)

**B – Lost Card/Damaged/Correction – Corrections to be made (If any) Photo Change//Mobile No./
/Address**

Payment Details (For Category B Only Rs. 500) *Attach the Payment Receipt	Challan No.	Date:
Data Available in the ID Card		
Data to be Changed		
Office Order No. Details		

DECLARATION

I hereby declare that the above particulars of facts and information stated are true, correct and complete to the best of my belief and knowledge.

Staff Signature

Competent Authority

Registrar

Office use Only:

Application Number: _____ **Date:** _____

Signature of the ID card Distributor: _____

**Note: Applicant should come in person to submit application form and to collect new card after handing over old card.*