



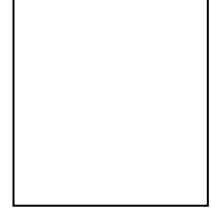
INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE

2A & 2B Raja S C Mullick Road, Jadavpur, Kolkata-700 032

APPLICATION FORM FOR ISSUING IDENTITY CARD

Serial No.: _____

To
The Registrar, I.A.C.S.



Dear Sir/ Madam,

I am a regular / temporary Faculty/ Staff / Junior Research Scholar/Senior Research Scholar/ Research Associate of IACS and request you to issue an Identity Card. My personal information is furnished below in the given pro-forma. I shall be grateful if you kindly issue Identity Card in my favour.

NAME OF CANDIDATE _____ GENDER : MALE/ FEMALE

DESIGNATION _____ DEPARTMENT _____

FELLOWSHIP/Employee ID/P.P.O No _____ NAME OF SUPERVISOR _____

DATE OF JOINING _____ BLOOD GROUP _____

PERMANENT ADDRESS _____

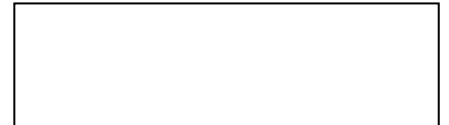
DATE OF BIRTH _____ CONTACT NO. _____

E-MAIL ADDRESS _____ TYPE OF ID : FRESH/RE-ISSUE/TEMPORARY

DATED _____

SIGNATURE OF APPLICANT:

(Use Black Gel Pen)



FORWARDED BY H.O.D / SUPERVISOR WITH DATE : _____

INSTITUTE ID NO.: _____

CHECKED & VERIFIED BY CONCERNED OFFICER

SIGNATURE WITH SEAL :

FOR OFFICE USE ONLY

Prepared By _____

Signature of Issuing officer with Seal