

Central University of Orissa, Koraput

(Established Under the Central Universities Act, 2009)

APPLICATION FORM FOR ISSUE OF IDENTITY CARD

<u>ADMISSIONS – 2014-15</u>

I request that I may be issued an identity card. I submit the following details for the same.

| Name of the student | |
|--------------------------|--|
| (in Capital Letter) | |
| Course in which Studying | |
| Registration No. *: | |
| Enrolment No. *: | |
| Date of Birth | |
| Residential Address | |
| Contact Telephone Number | |
| Blood Group | |

I attach two copies of my recent photograph (Stamp size).

Date:

Signature of the Student

Recommended by:

(Signature of HoD/Department I/c)

(*To be provided by Office)