



Students Identity Card

Year : 20 - 20

(Fill in CAPITAL letter)

Name of Student : _____

Class : _____ GRN : _____ Date of Birth: / /

Local Resi. Address: _____

Permanent Resi. Add _____

Blood Group: _____ Contact No.: _____

Local Guardian Mobile No: _____

Student Signature:

- Fill the form with Clean Handwriting
- Affix a Photograph of Passport size.
- Submit the form to UG Office./ Mail a PDF / Word copy to studspiarc@gmail.com