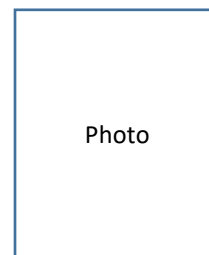


GOVERNMENT MEDICAL COLLEGE, ERNAKULAM
APPLICATION FORM FOR ID CARD TO BE FILLED IN CAPITAL LETTERS

Employee Code :
Name :
Date of Birth :
Designation :
Department :
Telephone Number :
Blood Group :
PAN Number :
License Number :
Residential Address :



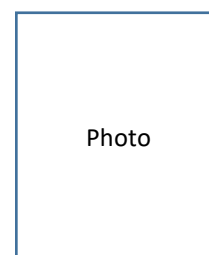
Signature

Verified by

Signature of HOD

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