



आई सी एम आर - राष्ट्रीय पोषण संस्थान स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार कल्याण मंत्रावय, आरत सरकार ICMR – National Institute of Nutrition Department of Health Research, Ministry of Health and Family Welfare, Government of India

## **APPLICATION FOR ISSUE OF IDENTITY CARD**

(JRF / SRF / PDF / PROJECT / OTHERS)

То

The Director,
National Institute of Nutrition,
Tarnaka, **HYDERABAD - 500 007**.

Please affix a latest photograph and sign across

ramaka, <u>HYD</u>	EKABAD	<u>- 500 007.</u>						
1. ID No. :		:			2. Title (Mr./Ms./Mrs./Dr.):			
3. Full name	-	Name :						
	-	Surname :			Landline Extn. No.			
4. Position / ICMR-JRF/SR				r				
5. Specimen with sketc (within the b	h pen	e to appear	on the ID ca	rd :				
6. If project,	project na	ame :						
7. Departme	nt / Section	on :						
8. Present te Fellowship			ppointment /	: From	To (Appointment order issued by ICMR-NIN is to be enclosed)			
9. Date of bi	rth	:			10. Date of joining :			
11. Present re (proof may be now)								
			District :		PIN :			
12. Mobile No	). :			13. Aadhaar I	No. :			
14. Mobile no. of close relative or friend : in case of any emergency					15. Blood group :			
16. Email ID		:						
17. Whether բ	oreviously	ID card wa	as received?	Yes / No	:			
18. If re-issue	, reason t	or re-issue	:					
Station:					Yours faithfully,			
Date :				,	,			

Note:

- 1. Please enclose a copy of appointment order issued by ICMR-NIN.
- 2. Two passport size photographs (i. one is on the application and ii. another one to enclose with the application(not to be stapled) or soft copy can be sent to ninmedical2016@gmail.com)
- 3. Please enclose a copy of an address proof (Voter ID Card / Ration Card / Driving Licence / Passport / Electricity Bill / Aadhaar Card).
- 4. In case of loss or mutilation of Identity Card, a fine of Rs. 50/- shall be charged for issue of a new Identity Card.
- 5. In case of loss, Missing Certificate obtained from mee-seva/ Police Station may be enclosed.
- 6. Cards are issued between 4 P.M. and 5 P.M. only

Identity Card as per the details furnished below:

	Through	their	Controlling	Officer
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To:

Signature of the Controlling Officer

Administrative Officer / SAO

Date :

The Section Officer, Establishment Section V, ICMR-NIN, Hyderabad.

## FOR OFFICE USE ONLY

The above details have been verified and found correct and it is requested to issue of

1. Full name	-	Name :							
	- S	Surname :							
2. ID No. :									
3. Position / Post / Fellowship etc., :									
4. Total tenure		:	years	months.	From :				
5. Present tenure /	extensi	on is up to	(proof may be enclose	ed) :					
6. Identity card may be issued up to * :									
7. Whether leading	g to Ph.E	D. (Yes / No	o)? :						
8. If project, Budget / Project :									
Name									

To

Establishment V, ICMR-NIN, Hyderabad

Section Officer / Private Secretary
Establishment I / IV\*\*

- \* Re-issue of ID card will be on the recommendations of the authority concered duly supported with extension / reemployment orders etc.,.
- \*\* Strike off whichever is not applicable