IDENTITY CARD - FORM



UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)
Dilshad Garden, DELHI-110095.



Following information may be supplied in DUPLICATE for issuance of Identity Cards

For Student, Undergraduate / Postgraduate courses

Year of Admission 2	0 2 3		Roll No. (for offi	ce use only)
Name in Full				
Father's Name				PASSPORT SIZE PHOTOGRAPH
Course M.B.B.S. Valid up to : 31-12-2028 To be affix in the box only				
Resi. Address				(Please do not staple)
l 		++++		
Tel. (Resi/Mobile)				
Blood Group				
Note:				
1. All information to be given in CAPITAL LETTERS only				
		FOR OFFICE USE ONLY		Student Signature
Date of	Valid		Verified by -	(within the box)
Issue	upto	31-12-2028	Sign./Date	,
IDENTITY CARD, FORM				
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FOR OFFICE USE ONLY Student Signature				
Date of	Valid	31-12-2028	Verified by -	(within the box)
Issue	upto	31-12-2020	Sign./Date	