

APPLICATION FORM FOR ISSUE OF IDENTITY CARD

To
The Principal
R. G. Kar Medical College
Kolkata-700004

Subject: Issue of Identity Card

Respected Sir/Madam

I, the undersigned, am a student of your Institution. Please issue me an Identity Card.

My particulars are given bellow:

Name :
Course Type : UG/PG/Diploma/SS
Course Name : MBBS/MD/MS/DM/MCh/Fellowship/PG Diploma/DNB/BSc/MSc/Others
Subject :
Guardian/Father's Name :
Date of Birth :
Full Address (as recorded at the time of admission) :
Blood Group :
Contact No. :

Date:

Full Signature of Student

Documents to be attached:

1. Copy of Admission Letter/Joining Letter
2. Copy of Address proof (Aadhar Card/ Voter Card/Ration Card)
3. Copy of Identity Proof (Aadhar Card/ Voter Card/PAN Card)
4. Two stamp size recent colour photograph
5. Blood Group Certificate (if any)