FORMAT FOR REQUISITION FOR IDENTITY CARDS

(TO BE FILLED IN DUPLICATE)

Name of the Department/ Office: - \_\_\_LAND and LAND REFORMS & REFUGEE RELIEF and REHABILITATION DEPARTMENT

(~~Yellow~~/Red Identity Card)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Sl. No** | **Name of Officer** | **Designation** | **Scale of Pay with Pay Band (Except Career Advancement Scheme)** | **Date of Birth** | **Height** | **Blood Group** | **Residential Address** | **Phone No. (Office & Residence)** | **Stamp size colour Photograph to be pasted** | **Signature of Holder** | **Card No.****( To be filled up by Issuing****Office )** | **Date of issue (To be filled up by Issuing****Office)** |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |