



# NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

NIT Campus post – 673 601, Kozhikode Dist., Kerala.

Web: [www.nitc.ac.in](http://www.nitc.ac.in)

## APPLICATION FOR EMPLOYEE'S IDENTITY CARD

(To be filled in by the employee)

**Employee id no.**  
(As given in Pay slip)

--	--	--	--

Name: \_\_\_\_\_  
(Please fill in Capital letters and as you want your name to be printed in the id card and as per your name in employee service book)

Designation: \_\_\_\_\_ Dept/Section/Unit: \_\_\_\_\_

E-mail Address: \_\_\_\_\_@nitc.ac.in. Contact no: \_\_\_\_\_ (Mobile)  
\_\_\_\_\_ (Office)

Emergency contact: \_\_\_\_\_ (Name : \_\_\_\_\_ )

Date of Birth (DD/MM/YYYY) : \_\_\_\_/\_\_\_\_/\_\_\_\_ Blood Group: \_\_\_\_\_

Local Residential Address: ( )          	Permanent Residential Address: ( )          
--	--

(Kindly tick the one you want printed in your id card)

Employee's Photo:          	Signature: (in black ink without touching the sides of boxes)          
---	---



# NATIONAL INSTITUTE OF TECHNOLOGY CALICUT

NIT Campus post – 673 601, Kozhikode Dist., Kerala.

Web: [www.nitc.ac.in](http://www.nitc.ac.in)

---

Note:

- 1) Employees are requested to submit the form with due forwarding of your reporting head for verification of establishment section.
- 2) Fill up the information neatly since the card cannot be corrected after it is printed
- 3) Employees are requested to submit one recent color photographs of passport size with blue background (front face, with both ears visible) of self along with the application.
- 4) A soft copy of your photograph and signature may be e-mailed to [id-card@nitc.ac.in](mailto:id-card@nitc.ac.in)
- 5) Replacement in case of loss of id card will be as per the laid down procedure of the Institute.

*Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to **inform the concerned section of any changes** (in name, designation, department, contact details etc.) immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.*

Signature of the Employee

Forwarded and recommended:

(Dept./Section/Unit head)

---

## **Verification**

Date of joining:

Date of retirement/superannuation:

The details furnished have been verified with records available and are found in order.

Establishment Section

---

Approved for issue of employee ID card:

Registrar