



## Students Identity Card

Year : **20** - **20**

( Fill in CAPITAL letter )

Name of Student : \_\_\_\_\_

Class : \_\_\_\_\_ GRN : \_\_\_\_\_ Date of Birth: / /

Local Resi. Address: \_\_\_\_\_

Permanent Resi. Add \_\_\_\_\_

Blood Group: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Local Guardian Mobile No: \_\_\_\_\_

Student Signature:

- Fill the form with Clean Handwriting
- Affix a Photograph of Passport size.
- Submit the form to UG Office./ Mail a PDF / Word copy to [uganjaneya@gmail.com](mailto:uganjaneya@gmail.com)