

# IDENTITY CARD FORM

NAME (CAPITAL LETTER) \_\_\_\_\_

FATHER'S/HUSBAND NAME: \_\_\_\_\_

N.I.C. NO. \_\_\_\_\_

CATEGORY OF STAFF: \_\_\_\_\_

NAME & NATURE OF APPOINTMENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

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HEIGHT \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BLOOD GROUP \_\_\_\_\_

VISIBLE IDENTIFICATION MARK: \_\_\_\_\_

SIGNATURE/THUMB IMPRESSION OF APPLICANT.

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

OFFICE SUPERINTENDENT  
DIRECTOR

DEPUTY DIRECTOR