

NATIONAL INSTITUTE OF MEDICAL STATISTICS (I.C.M.R.)

**APPLICATION FOR I.CARD
(To be filled by the applicant)**

1. Name
1. Hindi :-
2. English :-
2. Designation:-
3. Old Identity Card No.:-
4. Date of Issue :-
5. Valid upto:-
6. Office Telephone No.:-
7. Residence Telephone No. (if any) :-
8. Blood Group:-
9. Residence Address:-
Past:-
Present:-
10. Reason for Change:-

Signature of Applicant