

MEMBERSHIP NO.

To be filled in by Office

### ISSUE OF IDENTITY CARD

It has been decided that all members of the Institute would be provided with an identity card.

Applicant is, therefore, requested to send two color photographs of passport size mentioning his name on the reverse of photograph, alongwith the following details.

Name : \_\_\_\_\_  
(in Block Letter)

Date of Birth : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Professional Address : \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone : Office \_\_\_\_\_ Residence \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Coloured  
Photo  
Graph  
To  
Be  
pasted

Coloured  
Photo  
Graph  
To  
Be  
stapped

**Signature with Jet Black Pen**

• Signature outside/overlapping the frame will not be accepted